

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Southern District of Texas

Case number (If known): _____

Chapter you are filing under:

- ☐ Chapter 7
☒ Chapter 11
☐ Chapter 12
☐ Chapter 13

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/22

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

About Debtor 1:

Brendan

First name

F.

Middle name

Gowing

Last name

Suffix (Sr., Jr, II, III)

About Debtor 2 (Spouse Only in a Joint Case):

Catherine

First name

H.

Middle name

Gowing

Last name

Suffix (Sr., Jr, II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names and any assumed, trade names and *doing business as* names.

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

First name

Middle name

Last name

Business name (if applicable)

Business name (if applicable)

dba

First name

Middle name

The Heights Villa

Last name

Business name (if applicable)

Business name (if applicable)

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - **6 2 3 1**

OR

9xx - xx - — — — —

xxx - xx - **8 9 8 4**

OR

9xx - xx - — — — —

Debtor 1
Debtor 2

**Brendan
Catherine**

First Name

**F.
H.**

Middle Name

**Gowing
Gowing**

Last Name

Case number (if known) _____

About Debtor 1:

**4. Your Employer Identification
Number (EIN), if any.**

EIN

EIN

About Debtor 2 (Spouse Only in a Joint Case):

EIN

EIN

5. Where you live

17912 Country Walk Drive

Number Street

Spring, TX 77379

City State ZIP Code

Harris

County

**If your mailing address is different from the one above,
fill it in here.** Note that the court will send any notices to
you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

If Debtor 2 lives at a different address:

Number Street

City State ZIP Code

County

**If Debtor 2's mailing address is different from yours, fill
it in here.** Note that the court will send any notices to you
at this mailing address.

Number Street

P.O. Box

City State ZIP Code

**6. Why you are choosing this
district to file for bankruptcy**

Check one:

☒ Over the last 180 days before filing this petition, I
have lived in this district longer than in any other
district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408)

Check one:

☒ Over the last 180 days before filing this petition, I
have lived in this district longer than in any other
district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408)

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

☐ Chapter 7
☒ Chapter 11
☐ Chapter 12
☐ Chapter 13

8. How you will pay the fee

☒ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

☐ I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

☐ I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

☐ No.

☒ Yes. District Southern District of Texas When 01/01/2024 Case number 24-30003

MM / DD / YYYY

District Southern District of Texas When 01/01/2024 Case number 24-30003

MM / DD / YYYY

District _____ When _____ Case number _____

MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

☒ No.

☐ Yes. Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____

MM / DD / YYYY

Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____

MM / DD / YYYY

11. Do you rent your residence?

☒ No. Go to line 12.

☐ Yes. Has your landlord obtained an eviction judgment against you?

☐ No. Go to line 12.

☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Part 3:

Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

☒ No. Go to Part 4.
 ☐ Yes. Name and location of business

Name of business, if any

Number

Street

City

State

ZIP Code

Check the appropriate box to describe your business:

☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
 ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
 ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
 ☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a *small business debtor* or a debtor as defined by 11 U.S.C. § 1182(1)?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a *small business debtor* or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

☐ No. I am not filing under Chapter 11.
 ☒ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
 ☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.
 ☐ Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

☒ No.

☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number Street

City State ZIP Code

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

page 5

Debtor 1
Debtor 2

**Brendan
Catherine**

First Name

**F.
H.**

Middle Name

**Gowing
Gowing**

Last Name

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

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If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?
- 16a. Are your debts primarily consumer debts? *Consumer debts* are defined in 11 U.S.C. § 101(8) as “incurred by an individual primarily for a personal, family, or household purpose.”
- ☒ No. Go to line 16b.
- ☐ Yes. Go to line 17.
- 16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.
- ☐ No. Go to line 16c.
- ☒ Yes. Go to line 17.
- 16c. State the type of debts you owe that are not consumer debts or business debts.
- _____

17. Are you filing under Chapter 7?
- ☒ No. I am not filing under Chapter 7. Go to line 18.
- ☐ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
- ☐ No
- ☐ Yes
- Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

18. How many creditors do you estimate that you owe?
- ☒ 1-49 ☐ 1,000-5,000 ☐ 25,001-50,000 ☐ 50,000-100,000 ☐ More than 100,000
- ☐ 50-99 ☐ 5,001-10,000
- ☐ 100-199 ☐ 10,001-25,000
- ☐ 200-999

19. How much do you estimate your assets to be worth?
- ☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
- ☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
- ☒ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
- ☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

20. How much do you estimate your liabilities to be?
- ☐ \$0-\$50,000 ☒ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
- ☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
- ☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
- ☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Brendan F. Gowing

Brendan F. Gowing, Debtor 1

Executed on 06/04/2024

MM/ DD/ YYYY

X /s/ Catherine H. Gowing

Catherine H. Gowing, Debtor 2

Executed on 06/04/2024

MM/ DD/ YYYY

Debtor 1
Debtor 2

**Brendan
Catherine**

First Name

**F.
H.**

Middle Name

**Gowing
Gowing**

Last Name

Case number (if known) _____

**For your attorney, if you are
represented by one**

**If you are not represented by an
attorney, you do not need to file this
page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X

/s/ Robert C Lane

Signature of Attorney for Debtor

Date **06/04/2024**

MM / DD / YYYY

Robert C Lane

Printed name

The Lane Law Firm

Firm name

6200 Savoy Dr Ste 1150

Number Street

Houston

City

TX

State

77036-3369

ZIP Code

Contact phone **(713) 595-8200**

Email address **notifications@lanelaw.com**

24046263

Bar number

TX

State

Fill in this information to identify your case and this filing:

| | | | |
|--|------------------|-------------|---------------|
| Debtor 1 | Brendan | F. | Gowing |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | Catherine | H. | Gowing |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: Southern District of Texas | | | |
| Case number _____ | | | |

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☒ No. Go to Part 2.
☐ Yes. Where is the property?

1.1 _____
Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? _____

Current value of the portion you own? _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here _____ →

\$0.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. **Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

- ☐ No
☒ Yes

- 3.1 Make: INFINITI Who has an interest in the property? Check one.
Model: QX80 ☐ Debtor 1 only
Year: 2021 ☐ Debtor 2 only
Approximate mileage: 52000 ☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?
\$36,250.00

Current value of the portion you own?
\$36,250.00

Other information:

If you own or have more than one, describe here:

- 3.2 Make: Mercedes-Benz Who has an interest in the property? Check one.
Model: Sprinter 2500 ☐ Debtor 1 only
Year: 2022 ☐ Debtor 2 only
Approximate mileage: 8500 ☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?
\$61,750.00

Current value of the portion you own?
\$61,750.00

Other information:

VIN: W1Z4DGHY8NT09477

4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
☐ Yes

- 4.1 Make: _____ Who has an interest in the property? Check one.
Model: _____ ☐ Debtor 1 only
Year: _____ ☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

Other information:

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here



\$98,000.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. **Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

- ☐ No
☒ Yes. Describe.

See Attached.

\$11,190.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No☒ Yes. Describe.**See Attached.****\$9,870.00****8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☐ No☒ Yes. Describe.**Earl Campbell Jersey****\$250.00****9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☐ No☒ Yes. Describe.**See Attached.****\$800.00****10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No☐ Yes. Describe.**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No☒ Yes. Describe.**Assorted Wearing Apparel****\$600.00****12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No☒ Yes. Describe.**Wedding Rings and other assorted jewelry****\$5,000.00****13. Non-farm animals**

Examples: Dogs, cats, birds, horses

☐ No☒ Yes. Describe.**Yellow Labs (2)****\$100.00****14. Any other personal and household items you did not already list, including any health aids you did not list**☒ No☐ Yes. Give specific information.

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

**\$27,810.00****Part 4:** Describe Your Financial Assets**Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**
Do not deduct secured claims or exemptions.**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition☒ No☐ Yes Cash: _____**17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.☐ No☒ Yes

Institution name:

| | | |
|-------------------------|---|-----------------|
| 17.1. Checking account: | Bank of America for the dba The Heights Villa Account Number: 9248 | \$130.34 |
| 17.2. Checking account: | Wells Fargo Bank Account Number: 3773 | unknown |
| 17.3. Checking account: | Wells Fargo Bank for dba The Heights Villa Account Number: 4024 | unknown |
| 17.4. Savings account: | Wells Fargo Bank Account Number: 1133 | unknown |

18. Bonds, mutual funds, or publicly traded stocks*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts☒ No☐ Yes Institution or issuer name:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture☐ No☒ Yes. Give specific information about them.....

Name of entity:

% of ownership:

| | | |
|------------------------------|----------------|----------------|
| Brendan Gowing, Inc. | 100.00% | unknown |
| dba The Heights Villa | 100.00% | unknown |

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No☐ Yes. Give specific
information about
them.....

Issuer name:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No☐ Yes. List each
account separately.

Type of account:

Institution name:

401(k) or similar plan:

Pension plan:

IRA:

Retirement account:

Keogh:

Additional account:

Additional account:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No☐ Yes

Institution name or individual:

Electric:

Gas:

Heating oil:

Security deposit on rental unit:

Prepaid rent:

Telephone:

Water:

Rented furniture:

Other:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes Issuer name and description:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit☒ No☐ Yes. Give specific information about them. ...

| |
|-------|
| _____ |
|-------|

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☐ No☒ Yes. Give specific information about them. ...**dba The Heights Villa - website: www.thvhouston.com****\$1.00****27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☒ No☐ Yes. Give specific information about them. ...

| |
|-------|
| _____ |
|-------|

Money or property owed to you?**Current value of the portion you own?**
Do not deduct secured claims or exemptions.**28. Tax refunds owed to you**☒ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.

| |
|-------|
| _____ |
|-------|

Federal: _____

State: _____

Local: _____

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No☐ Yes. Give specific information.

Alimony: _____

Maintenance: _____

Support: _____

Divorce settlement: _____

Property settlement: _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No☐ Yes. Give specific information.**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☒ No☐ Yes. Name the insurance company of each policy and list its value. ...

Company name: _____

Beneficiary: _____

Surrender or refund value: _____

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information.**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No☐ Yes. Describe each claim.**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☒ No☐ Yes. Describe each claim.

35. Any financial assets you did not already list

☒ No☐ Yes. Give specific information.

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here

**\$131.34****Part 5:** Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

☐ No. Go to Part 6.☒ Yes. Go to line 38.**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.

38. Accounts receivable or commissions you already earned

☐ No☒ Yes. Describe.**dba The Heights Villa - amounts owed on bookings for future events****\$181,181.32**

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices☐ No☒ Yes. Describe.**dba The Heights Villa: Chairs (500); Tables (50); Misc Decorations; China sets (175); Couches and Chairs (8); Bar Setup; Mixers; Tablecloths (3,000); Centerpieces; Pool Tables (2); Portable Bar; Mirrors; Makeup Mirrors (24); Piano; Hospitality Carts (2); Champagne Walls (2); Outdoor Benches and Chairs****\$21,350.00****dba The Heights Villa: Desks (6); Computers (4); Filing Cabinets (6); Tables (8); Printers (4)**

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

☐ No☒ Yes. Describe.**dba The Heights Villa: Beer Coolers (4); Large Refrigerator; SS Jockey Boxes (5); Tools and Paintsprayer****\$3,000.00**

41. Inventory

☒ No☐ Yes. Describe.

42. Interests in partnerships or joint ventures

- ☒ No
☐ Yes. Describe

Name of entity:

% of ownership:

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

43. Customer lists, mailing lists, or other compilations

- ☒ No
☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?
☐ No
☐ Yes. Describe.

| |
|-------|
| _____ |
|-------|

44. Any business-related property you did not already list

- ☒ No
☐ Yes. Give specific information

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

- 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here** →

\$205,531.32**Part 6:**

Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.
☐ Yes. Go to line 47.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

- ☒ No
☐ Yes

| |
|-------|
| _____ |
|-------|

48. Crops—either growing or harvested☒ No☐ Yes. Give specific information.**49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**☒ No☐ Yes**50. Farm and fishing supplies, chemicals, and feed**☒ No☐ Yes**51. Any farm- and commercial fishing-related property you did not already list**☒ No☐ Yes. Give specific information.**52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here** →**\$0.00****Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?***Examples: Season tickets, country club membership*☒ No☐ Yes. Give specific information.**54. Add the dollar value of all of your entries from Part 7. Write that number here** →**\$0.00****Part 8: List the Totals of Each Part of this Form****55. Part 1: Total real estate, line 2** →**\$0.00****56. Part 2: Total vehicles, line 5** **\$98,000.00****57. Part 3: Total personal and household items, line 15** **\$27,810.00****58. Part 4: Total financial assets, line 36** **\$131.34****59. Part 5: Total business-related property, line 45** **\$205,531.32****60. Part 6: Total farm- and fishing-related property, line 52** **\$0.00****61. Part 7: Total other property not listed, line 54** **+** **\$0.00**

Debtor Gowing, Brendan F.; Gowing, Catherine H.

Case number (if known) _____

62. **Total personal property.** Add lines 56 through 61.

\$331,472.66

Copy personal property total →

+ \$331,472.66

63. **Total of all property on Schedule A/B.** Add line 55 + line 62.

\$331,472.66

Continuation Page

| | | |
|----|--|-------------------|
| 6. | Household goods and furnishings | |
| | <u>1976 Fitz & Floyd Plates and Flatware</u> | <u>\$100.00</u> |
| | <u>Antique French Hutch</u> | <u>\$1,500.00</u> |
| | <u>Assorted Manual and Power Tools</u> | <u>\$585.00</u> |
| | <u>Beer Coolers (3) -for the dba The Heights Villa</u> | <u>\$200.00</u> |
| | <u>Books (800)</u> | <u>\$500.00</u> |
| | <u>Chairs (6)</u> | <u>\$400.00</u> |
| | <u>Coffee Tables (2)</u> | <u>\$100.00</u> |
| | <u>Concrete Side Table</u> | <u>\$60.00</u> |
| | <u>Coolers</u> | <u>\$150.00</u> |
| | <u>Couches (6)</u> | <u>\$700.00</u> |
| | <u>Desks (2)</u> | <u>\$120.00</u> |
| | <u>Dressers (10)</u> | <u>\$500.00</u> |
| | <u>Hand held paint sprayers (2)</u> | <u>\$200.00</u> |
| | <u>Icemaker</u> | <u>\$200.00</u> |
| | <u>Indoor Grill</u> | <u>\$40.00</u> |
| | <u>King Size Beds (3)</u> | <u>\$600.00</u> |
| | <u>Kitchen Table set with 12 Chairs (2)</u> | <u>\$600.00</u> |
| | <u>Mirrors (15)</u> | <u>\$800.00</u> |
| | <u>Nightstands (8)</u> | <u>\$300.00</u> |
| | <u>Outdoor Grill with kitchenware</u> | <u>\$100.00</u> |
| | <u>Patio Furniture Sets (2)</u> | <u>\$450.00</u> |
| | <u>Pictures (12)</u> | <u>\$250.00</u> |
| | <u>Portable Gas Generator</u> | <u>\$200.00</u> |
| | <u>Portable Ice Maker</u> | <u>\$50.00</u> |
| | <u>Pressure Cookers (2)</u> | <u>\$120.00</u> |
| | <u>Queen size beds (2)</u> | <u>\$200.00</u> |
| | <u>Refrigerators (3)</u> | <u>\$750.00</u> |
| | <u>Refrigerators (3) - for the dba The Heights Villa</u> | <u>\$720.00</u> |
| | <u>Steak Knives (10)</u> | <u>\$20.00</u> |

Continuation Page

| | | |
|----|--|-------------------|
| | Tool Storage Units (2) | \$675.00 |
| 7. | Electronics | |
| | Computers (2) | \$400.00 |
| | Guitar Amplifiers (2) | \$500.00 |
| | Guitar Effects System | \$200.00 |
| | Guitars (4) | \$7,000.00 |
| | Microwave | \$20.00 |
| | Printers (2) | \$100.00 |
| | Televisions (4) - for the dba The Heights Villa | \$400.00 |
| | Televisions (5) | \$750.00 |
| | Vacuum Cleaner (2) | \$100.00 |
| | Washer and Dryer | \$400.00 |
| 9. | Equipment for sports and hobbies | |
| | Fishing Rod and Reels (15) | \$50.00 |
| | Golf Club Sets (20) | \$250.00 |
| | Pool Table | \$300.00 |
| | Racquetball Racquets (4) | \$100.00 |
| | Tennis Racquets (4) | \$100.00 |

Fill in this information to identify your case:

| | | | |
|---|-----------------------------------|-------------|---------------|
| Debtor 1 | Brendan | F. | Gowing |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | Catherine | H. | Gowing |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | Southern District of Texas | | |
| Case number (if known) | | | |

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
|---|--|---|------------------------------------|
| Brief description: 2021 INFINITI QX80 | \$36,250.00 | <input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(2) |
| Line from Schedule A/B: 3.1 | | | |
| Brief description: 2022 Mercedes-Benz Sprinter 2500 VIN: W1Z4DGHY8NT09477 | \$61,750.00 | <input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(2) |
| Line from Schedule A/B: 3.2 | | | |

3. Are you claiming a homestead exemption of more than \$189,050?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own <small>Copy the value from Schedule A/B</small> | Amount of the exemption you claim <small>Check only one box for each exemption.</small> | Specific laws that allow exemption |
|--|---|---|------------------------------------|
| Brief description: King Size Beds (3) Line from Schedule A/B: <u>6</u> | <u>\$600.00</u> | <input checked="" type="checkbox"/> <u>\$600.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(3)</u> |
| Brief description: Queen size beds (2) Line from Schedule A/B: <u>6</u> | <u>\$200.00</u> | <input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(3)</u> |
| Brief description: Patio Furniture Sets (2) Line from Schedule A/B: <u>6</u> | <u>\$450.00</u> | <input checked="" type="checkbox"/> <u>\$450.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(3)</u> |
| Brief description: Outdoor Grill with kitchenware Line from Schedule A/B: <u>6</u> | <u>\$100.00</u> | <input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(3)</u> |
| Brief description: Pressure Cookers (2) Line from Schedule A/B: <u>6</u> | <u>\$120.00</u> | <input checked="" type="checkbox"/> <u>\$120.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(3)</u> |
| Brief description: Indoor Grill Line from Schedule A/B: <u>6</u> | <u>\$40.00</u> | <input checked="" type="checkbox"/> <u>\$40.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(3)</u> |
| Brief description: 1976 Fitz & Floyd Plates and Flatware Line from Schedule A/B: <u>6</u> | <u>\$100.00</u> | <input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(3)</u> |

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own <small>Copy the value from Schedule A/B</small> | Amount of the exemption you claim <small>Check only one box for each exemption.</small> | Specific laws that allow exemption |
|---|---|---|--|
| Brief description: Antique French Hutch Line from Schedule A/B: <u>6</u> | <u>\$1,500.00</u> | <input checked="" type="checkbox"/> <u>\$700.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(3)</u> _____ _____ |
| | | <input checked="" type="checkbox"/> <u>\$800.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(5)</u> _____ _____ |
| Brief description: Couches (6) Line from Schedule A/B: <u>6</u> | <u>\$700.00</u> | <input checked="" type="checkbox"/> <u>\$700.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(3)</u> _____ _____ |
| Brief description: Chairs (6) Line from Schedule A/B: <u>6</u> | <u>\$400.00</u> | <input checked="" type="checkbox"/> <u>\$400.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(3)</u> _____ _____ |
| Brief description: Kitchen Table set with 12 Chairs (2) Line from Schedule A/B: <u>6</u> | <u>\$600.00</u> | <input checked="" type="checkbox"/> <u>\$600.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(3)</u> _____ _____ |
| Brief description: Desks (2) Line from Schedule A/B: <u>6</u> | <u>\$120.00</u> | <input checked="" type="checkbox"/> <u>\$120.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(3)</u> _____ _____ |
| Brief description: Steak Knives (10) Line from Schedule A/B: <u>6</u> | <u>\$20.00</u> | <input checked="" type="checkbox"/> <u>\$20.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(3)</u> _____ _____ |
| Brief description: Icemaker Line from Schedule A/B: <u>6</u> | <u>\$200.00</u> | <input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(3)</u> _____ _____ |

Part 2:
 Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own <small>Copy the value from Schedule A/B</small> | Amount of the exemption you claim <small>Check only one box for each exemption.</small> | Specific laws that allow exemption |
|--|---|---|--|
| Brief description: Refrigerators (3) Line from Schedule A/B: <u>6</u> | <u>\$750.00</u> | <input checked="" type="checkbox"/> <u>\$700.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(3)</u> _____ _____ |
| | | <input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(5)</u> _____ _____ |
| Brief description: Tool Storage Units (2) Line from Schedule A/B: <u>6</u> | <u>\$675.00</u> | <input checked="" type="checkbox"/> <u>\$675.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(3)</u> _____ _____ |
| Brief description: Assorted Manual and Power Tools Line from Schedule A/B: <u>6</u> | <u>\$585.00</u> | <input checked="" type="checkbox"/> <u>\$585.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(3)</u> _____ _____ |
| Brief description: Hand held paint sprayers (2) Line from Schedule A/B: <u>6</u> | <u>\$200.00</u> | <input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(3)</u> _____ _____ |
| Brief description: Portable Gas Generator Line from Schedule A/B: <u>6</u> | <u>\$200.00</u> | <input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(3)</u> _____ _____ |
| Brief description: Coolers Line from Schedule A/B: <u>6</u> | <u>\$150.00</u> | <input checked="" type="checkbox"/> <u>\$150.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(3)</u> _____ _____ |
| Brief description: Concrete Side Table Line from Schedule A/B: <u>6</u> | <u>\$60.00</u> | <input checked="" type="checkbox"/> <u>\$60.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(3)</u> _____ _____ |

Part 2:
 Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own <small>Copy the value from Schedule A/B</small> | Amount of the exemption you claim <small>Check only one box for each exemption.</small> | Specific laws that allow exemption |
|---|---|---|------------------------------------|
| Brief description: Coffee Tables (2) Line from Schedule A/B: <u>6</u> | <u>\$100.00</u> | <input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(3)</u> |
| Brief description: Portable Ice Maker Line from Schedule A/B: <u>6</u> | <u>\$50.00</u> | <input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(3)</u> |
| Brief description: Dressers (10) Line from Schedule A/B: <u>6</u> | <u>\$500.00</u> | <input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(3)</u> |
| Brief description: Nightstands (8) Line from Schedule A/B: <u>6</u> | <u>\$300.00</u> | <input checked="" type="checkbox"/> <u>\$300.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(3)</u> |
| Brief description: Mirrors (15) Line from Schedule A/B: <u>6</u> | <u>\$800.00</u> | <input checked="" type="checkbox"/> <u>\$700.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(3)</u> |
| Brief description: Books (800) Line from Schedule A/B: <u>6</u> | <u>\$500.00</u> | <input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(3)</u> |
| Brief description: Pictures (12) Line from Schedule A/B: <u>6</u> | <u>\$250.00</u> | <input checked="" type="checkbox"/> <u>\$250.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(3)</u> |

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own <small>Copy the value from Schedule A/B</small> | Amount of the exemption you claim <small>Check only one box for each exemption.</small> | Specific laws that allow exemption |
|--|---|---|--|
| Brief description: Televisions (5) Line from Schedule A/B: <u>7</u> | \$750.00 | <input checked="" type="checkbox"/> \$700.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(3) |
| | | <input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5) |
| Brief description: Computers (2) Line from Schedule A/B: <u>7</u> | \$400.00 | <input checked="" type="checkbox"/> \$400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(3) |
| Brief description: Printers (2) Line from Schedule A/B: <u>7</u> | \$100.00 | <input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(3) |
| Brief description: Guitar Amplifiers (2) Line from Schedule A/B: <u>7</u> | \$500.00 | <input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(3) |
| Brief description: Guitars (4) Line from Schedule A/B: <u>7</u> | \$7,000.00 | <input checked="" type="checkbox"/> \$700.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(3) |
| | | <input checked="" type="checkbox"/> \$6,300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5) |
| Brief description: Guitar Effects System Line from Schedule A/B: <u>7</u> | \$200.00 | <input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(3) |

Part 2:
 Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own <small>Copy the value from Schedule A/B</small> | Amount of the exemption you claim <small>Check only one box for each exemption.</small> | Specific laws that allow exemption |
|---|---|---|--|
| Brief description: Earl Campbell Jersey Line from Schedule A/B: <u>8</u> | <u>\$250.00</u> | <input checked="" type="checkbox"/> <u>\$250.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(5)</u> _____ _____ |
| Brief description: Tennis Racquets (4) Line from Schedule A/B: <u>9</u> | <u>\$100.00</u> | <input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(3)</u> _____ _____ |
| Brief description: Pool Table Line from Schedule A/B: <u>9</u> | <u>\$300.00</u> | <input checked="" type="checkbox"/> <u>\$300.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(3)</u> _____ _____ |
| Brief description: Racquetball Racquets (4) Line from Schedule A/B: <u>9</u> | <u>\$100.00</u> | <input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(3)</u> _____ _____ |
| Brief description: Golf Club Sets (20) Line from Schedule A/B: <u>9</u> | <u>\$250.00</u> | <input checked="" type="checkbox"/> <u>\$250.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(3)</u> _____ _____ |
| Brief description: Fishing Rod and Reels (15) Line from Schedule A/B: <u>9</u> | <u>\$50.00</u> | <input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(3)</u> _____ _____ |
| Brief description: Assorted Wearing Apparel Line from Schedule A/B: <u>11</u> | <u>\$600.00</u> | <input checked="" type="checkbox"/> <u>\$600.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(3)</u> _____ _____ |

Part 2:
 Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own <small>Copy the value from Schedule A/B</small> | Amount of the exemption you claim <small>Check only one box for each exemption.</small> | Specific laws that allow exemption |
|--|---|---|---|
| Brief description: Wedding Rings and other assorted jewelry Line from Schedule A/B: <u>12</u> | <u>\$5,000.00</u> | <input checked="" type="checkbox"/> <u>\$3,750.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(4)</u> _____ _____ _____ |
| | | <input checked="" type="checkbox"/> <u>\$1,250.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(5)</u> _____ _____ _____ |
| Brief description: Yellow Labs (2) Line from Schedule A/B: <u>13</u> | <u>\$100.00</u> | <input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(3)</u> _____ _____ _____ |
| Brief description: Wells Fargo Bank for dba The Heights Villa Checking account Acct. No.: 4024 Line from Schedule A/B: <u>17</u> | <u>unknown</u> | <input checked="" type="checkbox"/> <u>unknown</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(5)</u> _____ _____ _____ |
| Brief description: Bank of America for the dba The Heights Villa Checking account Acct. No.: 9248 Line from Schedule A/B: <u>17</u> | <u>\$130.34</u> | <input checked="" type="checkbox"/> <u>\$130.34</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(5)</u> _____ _____ _____ |
| Brief description: Wells Fargo Bank Checking account Acct. No.: 3773 Line from Schedule A/B: <u>17</u> | <u>unknown</u> | <input checked="" type="checkbox"/> <u>unknown</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(5)</u> _____ _____ _____ |
| Brief description: Wells Fargo Bank Savings account Acct. No.: 1133 Line from Schedule A/B: <u>17</u> | <u>unknown</u> | <input checked="" type="checkbox"/> <u>unknown</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(5)</u> _____ _____ _____ |

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own <small>Copy the value from Schedule A/B</small> | Amount of the exemption you claim <small>Check only one box for each exemption.</small> | Specific laws that allow exemption |
|--|---|---|------------------------------------|
| <div><div>Brief description:</div><div>dba The Heights Villa: Desks (6); Computers (4); Filing Cabinets (6); Tables (8); Printers (4)</div><div>Line from Schedule A/B: 39</div></div> | <div>\$2,900.00</div> | <div><div><input checked="" type="checkbox"/></div><div>\$2,600.00</div><div><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit</div></div> | <div>11 U.S.C. § 522(d)(6)</div> |
| <div><div>Brief description:</div><div>dba The Heights Villa: Chairs (500); Tables (50); Misc Decorations; China sets (175); Couches and Chairs (8); Bar Setup; Mixers; Tablecloths (3,000); Centerpieces; Pool Tables (2); Portable Bar; Mirrors; Makeup Mirrors (24); Piano; Hospitality Carts (2); Champagne Walls (2); Outdoor Benches and Chairs</div><div>Line from Schedule A/B: 39</div></div> | <div>\$18,450.00</div> | <div><div><input checked="" type="checkbox"/></div><div>\$0.00</div><div><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit</div></div> | <div>11 U.S.C. § 522(d)(6)</div> |
| <div><div>Brief description:</div><div>dba The Heights Villa: Beer Coolers (4); Large Refrigerator; SS Jockey Boxes (5); Tools and Paintsprayer</div><div>Line from Schedule A/B: 40.1</div></div> | <div>\$3,000.00</div> | <div><div><input checked="" type="checkbox"/></div><div>\$3,000.00</div><div><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit</div></div> | <div>11 U.S.C. § 522(d)(6)</div> |

Fill in this information to identify your case:

Debtor 1 **Brendan F. Gowing**
First Name Middle Name Last Name

Debtor 2 **Catherine H. Gowing**
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **Southern** District of **Texas**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| Column A | Column B | Column C |
|--|--|-------------------|
| Amount of claim | Value of collateral that supports this claim | Unsecured portion |
| Do not deduct the value of collateral. | | If any |

| | | | | | |
|-----|------------------|---|--------------------|--------------------|-------------------|
| 2.1 | Ally Bank | Describe the property that secures the claim: | \$40,367.25 | \$36,250.00 | \$4,117.25 |
|-----|------------------|---|--------------------|--------------------|-------------------|

Creditor's Name

c/o AIS Portfolio Services LLC

4515 N Santa Fe Ave Dept APS

Number Street

Oklahoma City, OK 73118

City State ZIP Code

Who owes the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☒ Check if this claim relates to a community debt

Date debt was incurred _____

Describe the property that secures the claim:

2021 INFINITI QX80

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
- ☐ Judgment lien from a lawsuit
- ☐ Other (including a right to offset) _____

Last 4 digits of account number **5 0 4 9**

Add the dollar value of your entries in Column A on this page. Write that number here:

\$40,367.25

Debtor 1 **Brendan** **F.** **Gowing** Case number (if known) _____
Debtor 2 **Catherine** **H.** **Gowing** _____
First Name Middle Name Last Name

| Part 1: | Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. | Column A | Column B | Column C |
|---|---|--|--|-----------------------------|
| | | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.2 | Conn's Creditor's Name PO Box 2358 Number Street Beaumont, TX 77704-9990 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____ Last 4 digits of account number _____ | Describe the property that secures the claim: _____ \$9,097.93 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ | \$0.00 | \$9,097.93 |
| 2.3 | Conn's Creditor's Name PO Box 2358 Number Street Beaumont, TX 77704-9990 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____ Last 4 digits of account number _____ | Describe the property that secures the claim: _____ \$4,186.40 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ | \$0.00 | \$4,186.40 |
| Add the dollar value of your entries in Column A on this page. Write that number here: | | \$13,284.33 | | |
| If this is the last page of your form, add the dollar value totals from all pages. Write that number here: | | | | |

Debtor 1 **Brendan F. Gowing** Case number (if known) _____
 Debtor 2 **Catherine H. Gowing**
 First Name Middle Name Last Name

| Part 1: | Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. | Column A | Column B | Column C |
|--|--|---|--|-----------------------------|
| | | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.4 | Mercedes-Benz Financial Services USA LLC Creditor's Name PO Box 5260 Number Street Carol Stream, IL 60197 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____ | Describe the property that secures the claim: \$64,059.93 <div>2022 Mercedes-Benz Sprinter 2500</div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ Last 4 digits of account number _____ | \$61,750.00 | \$2,309.93 |
| 2.5 | U.S. Small Business Administration (SBA) - All Divisions Creditor's Name Little Rock Commercial Loan Servicing Center 2120 Riverfront Drive 100 Number Street Little Rock, AR 72202 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____ | Describe the property that secures the claim: \$150,000.00 <div></div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ Last 4 digits of account number _____ | \$0.00 | \$150,000.00 |
| Add the dollar value of your entries in Column A on this page. Write that number here: | | \$214,059.93 | | |
| If this is the last page of your form, add the dollar value totals from all pages. Write that number here: | | \$267,711.51 | | |

Fill in this information to identify your case:

Debtor 1 **Brendan F. Gowing**
First Name Middle Name Last Name

Debtor 2 **Catherine H. Gowing**
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **Southern** District of **Texas**

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| | | | Total claim | Priority amount | Nonpriority amount |
|-----|---|---|--------------------|--------------------|--------------------|
| 2.1 | Brody Gowing | Last 4 digits of account number _____ | \$21,000.00 | \$21,000.00 | \$0.00 |
| | Priority Creditor's Name | When was the debt incurred? _____ | | | |
| | 17912 Country Walk Drive | | | | |
| | 17912 Country Walk Drive | | | | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | | | |
| | Spring, TX 77379 | <input type="checkbox"/> Contingent | | | |
| | City State ZIP Code | <input type="checkbox"/> Unliquidated | | | |
| | | <input type="checkbox"/> Disputed | | | |
| | Who incurred the debt? Check one. | Type of PRIORITY unsecured claim: | | | |
| | <input type="checkbox"/> Debtor 1 only | <input type="checkbox"/> Domestic support obligations | | | |
| | <input type="checkbox"/> Debtor 2 only | <input type="checkbox"/> Taxes and certain other debts you owe the government | | | |
| | <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only | <input type="checkbox"/> Claims for death or personal injury while you were intoxicated | | | |
| | <input type="checkbox"/> At least one of the debtors and another | <input checked="" type="checkbox"/> Other. Specify Administrative Priority | | | |
| | <input checked="" type="checkbox"/> Check if this claim is for a community debt | | | | |
| | Is the claim subject to offset? | | | | |
| | <input checked="" type="checkbox"/> No | | | | |
| | <input type="checkbox"/> Yes | | | | |
| | Remarks: Past Due Rent Payments | | | | |

Debtor 1 Brendan F. Gowing Case number (if known) _____

Debtor 2 Catherine H. Gowing

First Name Middle Name Last Name

Part 1: **Your PRIORITY Unsecured Claims – Continuation Page**

| After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. | | | Total claim | Priority amount | Nonpriority amount |
|--|---------------------------------|--|----------------|-----------------|--------------------|
| <u>2.2</u> | Internal Revenue Service | Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> | <u>unknown</u> | <u>unknown</u> | <u>\$0.00</u> |
| Priority Creditor's Name | | When was the debt incurred? _____ | | | |
| <u>P.O. Box 7346</u> | | | | | |
| Number Street | | | | | |
| <u>Philadelphia, PA 19101-7346</u> | | As of the date you file, the claim is: Check all that apply. | | | |
| City State ZIP Code | | <input type="checkbox"/> Contingent | | | |
| | | <input type="checkbox"/> Unliquidated | | | |
| | | <input type="checkbox"/> Disputed | | | |
| Who incurred the debt? Check one. | | Type of PRIORITY unsecured claim: | | | |
| <input type="checkbox"/> Debtor 1 only | | <input type="checkbox"/> Domestic support obligations | | | |
| <input type="checkbox"/> Debtor 2 only | | <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government | | | |
| <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only | | <input type="checkbox"/> Claims for death or personal injury while you were intoxicated | | | |
| <input type="checkbox"/> At least one of the debtors and another | | <input type="checkbox"/> Other. Specify _____ | | | |
| <input checked="" type="checkbox"/> Check if this claim is for a community debt | | | | | |
| Is the claim subject to offset? | | | | | |
| <input checked="" type="checkbox"/> No | | | | | |
| <input type="checkbox"/> Yes | | | | | |

Debtor 1 Brendan F. Gowing Case number (if known) _____
Debtor 2 Catherine H. Gowing
First Name Middle Name Last Name

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | | Total claim |
|---|------------------------|--|-----------------------------------|
| 4.1 | AmeriCredit | Last 4 digits of account number _____ | \$20,345.46 |
| Nonpriority Creditor's Name | | When was the debt incurred? _____ | |
| Bankruptcy Dept. | | | |
| PO Box 183853 | | As of the date you file, the claim is: Check all that apply. | |
| Number | Street | <input type="checkbox"/> Contingent | |
| Arlington, TX 76096 | | <input type="checkbox"/> Unliquidated | |
| City | State | ZIP Code | <input type="checkbox"/> Disputed |
| Who incurred the debt? Check one. | | Type of NONPRIORITY unsecured claim: | |
| <input type="checkbox"/> Debtor 1 only | | <input type="checkbox"/> Student loans | |
| <input type="checkbox"/> Debtor 2 only | | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only | | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| <input type="checkbox"/> At least one of the debtors and another | | <input type="checkbox"/> Other. Specify _____ | |
| <input checked="" type="checkbox"/> Check if this claim is for a community debt | | | |
| Is the claim subject to offset? | | | |
| <input checked="" type="checkbox"/> No | | | |
| <input type="checkbox"/> Yes | | | |
| Remarks: Debtor is the co-borrower for his sons vehicle the 2019 Cadillac XTS | | | |
| 4.2 | Bank of America | Last 4 digits of account number _____ | unknown |
| Nonpriority Creditor's Name | | When was the debt incurred? _____ | |
| 4161 Piedmont Parkway | | | |
| Attn: Bankruptcy Dept. | | As of the date you file, the claim is: Check all that apply. | |
| Number | Street | <input type="checkbox"/> Contingent | |
| Greensboro, NC 27420-6012 | | <input type="checkbox"/> Unliquidated | |
| City | State | ZIP Code | <input type="checkbox"/> Disputed |
| Who incurred the debt? Check one. | | Type of NONPRIORITY unsecured claim: | |
| <input type="checkbox"/> Debtor 1 only | | <input type="checkbox"/> Student loans | |
| <input type="checkbox"/> Debtor 2 only | | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only | | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| <input type="checkbox"/> At least one of the debtors and another | | <input checked="" type="checkbox"/> Other. Specify Credit Card | |
| <input checked="" type="checkbox"/> Check if this claim is for a community debt | | | |
| Is the claim subject to offset? | | | |
| <input checked="" type="checkbox"/> No | | | |
| <input type="checkbox"/> Yes | | | |

Debtor 1 Brendan F. Gowing Case number (if known) _____
Debtor 2 Catherine H. Gowing
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.3 BHB Funding Last 4 digits of account number _____ **\$42,997.48**

Nonpriority Creditor's Name

5550 Glades Road

Number Street

Boca Raton, FL 33431

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Merchant Cash Advance

4.4 Brody Gowing Last 4 digits of account number _____ **\$15,000.00**

Nonpriority Creditor's Name

17912 Country Walk Drive

17912 Country Walk Drive

Number Street

Spring, TX 77379

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Personal Loan

Debtor 1 Brendan F. Gowing Case number (if known) _____
 Debtor 2 Catherine H. Gowing
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

| | | | |
|-----|---|--|-------------------|
| 4.5 | Capital One Nonpriority Creditor's Name Bankruptcy Dept PO Box 30285 Number Street Salt Lake City, UT 84130-0289 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u> | \$3,272.49 |
|-----|---|--|-------------------|

| | | | |
|-----|---|---|-----------------|
| 4.6 | Credit One Bank Nonpriority Creditor's Name PO Box 98873 Number Street Las Vegas, NV 89193 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>7 0 3 4</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u> | \$394.86 |
|-----|---|---|-----------------|

Debtor 1 Brendan F. Gowing Case number (if known) _____
Debtor 2 Catherine H. Gowing
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

| | | | | |
|---|-------------------------------|--|-------------------------------------|----------------|
| 4.7 | Credit One Bank - AMEX | Last 4 digits of account number | <u>4</u> <u>7</u> <u>8</u> <u>2</u> | <u>unknown</u> |
| Nonpriority Creditor's Name | | When was the debt incurred? _____ | | |
| PO Box 98873 | | | | |
| Number Street | | | | |
| Las Vegas, NV 89193 | | | | |
| City State ZIP Code | | | | |
| Who incurred the debt? Check one. | | As of the date you file, the claim is: Check all that apply. | | |
| <input type="checkbox"/> Debtor 1 only | | <input type="checkbox"/> Contingent | | |
| <input type="checkbox"/> Debtor 2 only | | <input type="checkbox"/> Unliquidated | | |
| <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only | | <input type="checkbox"/> Disputed | | |
| <input type="checkbox"/> At least one of the debtors and another | | Type of NONPRIORITY unsecured claim: | | |
| <input checked="" type="checkbox"/> Check if this claim is for a community debt | | <input type="checkbox"/> Student loans | | |
| | | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | |
| | | <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u> | | |
| Is the claim subject to offset? | | | | |
| <input checked="" type="checkbox"/> No | | | | |
| <input type="checkbox"/> Yes | | | | |

| | | | | |
|---|-------------------------------|--|-------------------------------------|-------------------|
| 4.8 | Credit One Bank - Visa | Last 4 digits of account number | <u>1</u> <u>7</u> <u>9</u> <u>9</u> | <u>\$1,839.00</u> |
| Nonpriority Creditor's Name | | When was the debt incurred? _____ | | |
| PO Box 98873 | | | | |
| Number Street | | | | |
| Las Vegas, NV 89193 | | | | |
| City State ZIP Code | | | | |
| Who incurred the debt? Check one. | | As of the date you file, the claim is: Check all that apply. | | |
| <input type="checkbox"/> Debtor 1 only | | <input type="checkbox"/> Contingent | | |
| <input type="checkbox"/> Debtor 2 only | | <input type="checkbox"/> Unliquidated | | |
| <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only | | <input type="checkbox"/> Disputed | | |
| <input type="checkbox"/> At least one of the debtors and another | | Type of NONPRIORITY unsecured claim: | | |
| <input checked="" type="checkbox"/> Check if this claim is for a community debt | | <input type="checkbox"/> Student loans | | |
| | | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | |
| | | <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u> | | |
| Is the claim subject to offset? | | | | |
| <input checked="" type="checkbox"/> No | | | | |
| <input type="checkbox"/> Yes | | | | |

Debtor 1 Brendan F. Gowing Case number (if known) _____
Debtor 2 Catherine H. Gowing
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

| | | | | |
|--|-------------------------------|-----------------------------------|-------------------------------------|-------------------|
| 4.9 | Credit One Bank - Visa | Last 4 digits of account number | <u>1</u> <u>0</u> <u>1</u> <u>9</u> | \$2,343.33 |
| Nonpriority Creditor's Name | | When was the debt incurred? _____ | | |
| PO Box 98873 | | | | |
| Number Street | | | | |
| Las Vegas, NV 89193 | | | | |
| City State ZIP Code | | | | |
| Who incurred the debt? Check one. | | | | |
| <input type="checkbox"/> Debtor 1 only | | | | |
| <input type="checkbox"/> Debtor 2 only | | | | |
| <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only | | | | |
| <input type="checkbox"/> At least one of the debtors and another | | | | |
| <input checked="" type="checkbox"/> Check if this claim is for a community debt | | | | |
| Is the claim subject to offset? | | | | |
| <input checked="" type="checkbox"/> No | | | | |
| <input type="checkbox"/> Yes | | | | |
| As of the date you file, the claim is: Check all that apply. | | | | |
| <input type="checkbox"/> Contingent | | | | |
| <input type="checkbox"/> Unliquidated | | | | |
| <input type="checkbox"/> Disputed | | | | |
| Type of NONPRIORITY unsecured claim: | | | | |
| <input type="checkbox"/> Student loans | | | | |
| <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | | | |
| <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u> | | | | |

| | | | | |
|--|-------------------------------|-----------------------------------|-------------------------------------|-------------------|
| 4.10 | Credit One Bank - Visa | Last 4 digits of account number | <u>7</u> <u>5</u> <u>4</u> <u>0</u> | \$1,269.33 |
| Nonpriority Creditor's Name | | When was the debt incurred? _____ | | |
| PO Box 98873 | | | | |
| Number Street | | | | |
| Las Vegas, NV 89193 | | | | |
| City State ZIP Code | | | | |
| Who incurred the debt? Check one. | | | | |
| <input type="checkbox"/> Debtor 1 only | | | | |
| <input type="checkbox"/> Debtor 2 only | | | | |
| <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only | | | | |
| <input type="checkbox"/> At least one of the debtors and another | | | | |
| <input checked="" type="checkbox"/> Check if this claim is for a community debt | | | | |
| Is the claim subject to offset? | | | | |
| <input checked="" type="checkbox"/> No | | | | |
| <input type="checkbox"/> Yes | | | | |
| As of the date you file, the claim is: Check all that apply. | | | | |
| <input type="checkbox"/> Contingent | | | | |
| <input type="checkbox"/> Unliquidated | | | | |
| <input type="checkbox"/> Disputed | | | | |
| Type of NONPRIORITY unsecured claim: | | | | |
| <input type="checkbox"/> Student loans | | | | |
| <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | | | |
| <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u> | | | | |

Debtor 1 **Brendan F. Gowing** Case number (if known) _____
Debtor 2 **Catherine H. Gowing**
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

| | | | | |
|---|---------------------|--|-------------------------------------|--------------------|
| 4.11 | GM Financial | Last 4 digits of account number | <u>3</u> <u>8</u> <u>9</u> <u>9</u> | \$20,135.75 |
| Nonpriority Creditor's Name | | When was the debt incurred? _____ | | |
| 4001 Embarcadero Drive | | | | |
| Number Street | | | | |
| Arlington, TX 76014 | | As of the date you file, the claim is: Check all that apply. | | |
| City State ZIP Code | | <input type="checkbox"/> Contingent | | |
| | | <input type="checkbox"/> Unliquidated | | |
| | | <input type="checkbox"/> Disputed | | |
| Who incurred the debt? Check one. | | Type of NONPRIORITY unsecured claim: | | |
| <input type="checkbox"/> Debtor 1 only | | <input type="checkbox"/> Student loans | | |
| <input type="checkbox"/> Debtor 2 only | | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only | | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | |
| <input type="checkbox"/> At least one of the debtors and another | | <input checked="" type="checkbox"/> Other. Specify <u>Personal Loan</u> | | |
| <input checked="" type="checkbox"/> Check if this claim is for a community debt | | | | |
| Is the claim subject to offset? | | | | |
| <input checked="" type="checkbox"/> No | | | | |
| <input type="checkbox"/> Yes | | | | |

| | | | | |
|---|------------------|--|-------|--------------------|
| 4.12 | Honebrook | Last 4 digits of account number | _____ | \$26,164.61 |
| Nonpriority Creditor's Name | | When was the debt incurred? _____ | | |
| 539 Bryan Street, Suite 200 | | | | |
| Number Street | | | | |
| San Francisco, CA 94107 | | As of the date you file, the claim is: Check all that apply. | | |
| City State ZIP Code | | <input type="checkbox"/> Contingent | | |
| | | <input type="checkbox"/> Unliquidated | | |
| | | <input type="checkbox"/> Disputed | | |
| Who incurred the debt? Check one. | | Type of NONPRIORITY unsecured claim: | | |
| <input type="checkbox"/> Debtor 1 only | | <input type="checkbox"/> Student loans | | |
| <input type="checkbox"/> Debtor 2 only | | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only | | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | |
| <input type="checkbox"/> At least one of the debtors and another | | <input checked="" type="checkbox"/> Other. Specify <u>Business Credit Card</u> | | |
| <input checked="" type="checkbox"/> Check if this claim is for a community debt | | | | |
| Is the claim subject to offset? | | | | |
| <input checked="" type="checkbox"/> No | | | | |
| <input type="checkbox"/> Yes | | | | |

Debtor 1 **Brendan** **F.** **Gowing** Case number (if known) _____
Debtor 2 **Catherine** **H.** **Gowing** _____
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

| | | | | |
|--|---|-----------------------------------|-------|---------------------|
| 4.13 | ISI Commercial Refrigeration LLC | Last 4 digits of account number | _____ | \$5,000.00 |
| Nonpriority Creditor's Name | | When was the debt incurred? _____ | | |
| PO Box 167 | | | | |
| Number Street | | | | |
| Houston, TX 77001 | | | | |
| City State ZIP Code | | | | |
| Who incurred the debt? Check one. | | | | |
| <input type="checkbox"/> Debtor 1 only | | | | |
| <input type="checkbox"/> Debtor 2 only | | | | |
| <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only | | | | |
| <input type="checkbox"/> At least one of the debtors and another | | | | |
| <input checked="" type="checkbox"/> Check if this claim is for a community debt | | | | |
| Is the claim subject to offset? | | | | |
| <input checked="" type="checkbox"/> No | | | | |
| <input type="checkbox"/> Yes | | | | |
| As of the date you file, the claim is: Check all that apply. | | | | |
| <input type="checkbox"/> Contingent | | | | |
| <input type="checkbox"/> Unliquidated | | | | |
| <input type="checkbox"/> Disputed | | | | |
| Type of NONPRIORITY unsecured claim: | | | | |
| <input type="checkbox"/> Student loans | | | | |
| <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | | | |
| <input checked="" type="checkbox"/> Other. Specify <u>Business Expense</u> | | | | |
| 4.14 | OnDeck Capital | Last 4 digits of account number | _____ | \$150,000.00 |
| Nonpriority Creditor's Name | | When was the debt incurred? _____ | | |
| 4700 W. Daybreak Pwy Suite 200 | | | | |
| Number Street | | | | |
| South Jordan, UT 84009 | | | | |
| City State ZIP Code | | | | |
| Who incurred the debt? Check one. | | | | |
| <input type="checkbox"/> Debtor 1 only | | | | |
| <input type="checkbox"/> Debtor 2 only | | | | |
| <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only | | | | |
| <input type="checkbox"/> At least one of the debtors and another | | | | |
| <input checked="" type="checkbox"/> Check if this claim is for a community debt | | | | |
| Is the claim subject to offset? | | | | |
| <input checked="" type="checkbox"/> No | | | | |
| <input type="checkbox"/> Yes | | | | |
| As of the date you file, the claim is: Check all that apply. | | | | |
| <input type="checkbox"/> Contingent | | | | |
| <input type="checkbox"/> Unliquidated | | | | |
| <input checked="" type="checkbox"/> Disputed | | | | |
| Type of NONPRIORITY unsecured claim: | | | | |
| <input type="checkbox"/> Student loans | | | | |
| <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | | | |
| <input checked="" type="checkbox"/> Other. Specify <u>Merchant Cash Advance</u> | | | | |

Debtor 1 **Brendan** **F.** **Gowing** Case number (if known) _____
Debtor 2 **Catherine** **H.** **Gowing** _____
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

| | | | | |
|--|--------------------------------|--|-------|---------------------|
| 4.15 | Priority Services, Inc. | Last 4 digits of account number | _____ | \$706,400.68 |
| Nonpriority Creditor's Name | | When was the debt incurred? _____ | | |
| c/o Stillwell Earl Apostolakis | | | | |
| 1400 Woodloch Forest Drive Sutie 590 | | As of the date you file, the claim is: Check all that apply. | | |
| Number Street | | <input type="checkbox"/> Contingent | | |
| Spring, TX 77380 | | <input type="checkbox"/> Unliquidated | | |
| City State ZIP Code | | <input type="checkbox"/> Disputed | | |
| Who incurred the debt? Check one. | | | | |
| <input type="checkbox"/> Debtor 1 only | | | | |
| <input type="checkbox"/> Debtor 2 only | | | | |
| <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only | | | | |
| <input type="checkbox"/> At least one of the debtors and another | | | | |
| <input checked="" type="checkbox"/> Check if this claim is for a community debt | | | | |
| Type of NONPRIORITY unsecured claim: | | | | |
| <input type="checkbox"/> Student loans | | | | |
| <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | | | |
| <input type="checkbox"/> Other. Specify _____ | | | | |
| Is the claim subject to offset? | | | | |
| <input checked="" type="checkbox"/> No | | | | |
| <input type="checkbox"/> Yes | | | | |

| | | | | |
|--|---------------------|--|-------|-------------------|
| 4.16 | Ruth Collins | Last 4 digits of account number | _____ | \$7,500.00 |
| Nonpriority Creditor's Name | | When was the debt incurred? _____ | | |
| c/o William J. Rice, Jr. | | | | |
| 2040 North Loop West Suite B | | As of the date you file, the claim is: Check all that apply. | | |
| Number Street | | <input type="checkbox"/> Contingent | | |
| Houston, TX 77018 | | <input type="checkbox"/> Unliquidated | | |
| City State ZIP Code | | <input checked="" type="checkbox"/> Disputed | | |
| Who incurred the debt? Check one. | | | | |
| <input type="checkbox"/> Debtor 1 only | | | | |
| <input type="checkbox"/> Debtor 2 only | | | | |
| <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only | | | | |
| <input type="checkbox"/> At least one of the debtors and another | | | | |
| <input checked="" type="checkbox"/> Check if this claim is for a community debt | | | | |
| Type of NONPRIORITY unsecured claim: | | | | |
| <input type="checkbox"/> Student loans | | | | |
| <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | | | |
| <input checked="" type="checkbox"/> Other. Specify Judgment from Lawsuit | | | | |
| Is the claim subject to offset? | | | | |
| <input checked="" type="checkbox"/> No | | | | |
| <input type="checkbox"/> Yes | | | | |

Debtor 1 Brendan F. Gowing Case number (if known) _____
Debtor 2 Catherine H. Gowing
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

| | | | | |
|--|-------------------------------|-----------------------------------|-------|-------------------|
| 4.17 | Spirit Airlines Credit | Last 4 digits of account number | _____ | \$4,233.36 |
| Nonpriority Creditor's Name | | When was the debt incurred? _____ | | |
| PO Box 84064 | | | | |
| Number Street | | | | |
| Columbus, GA 31908 | | | | |
| City State ZIP Code | | | | |
| Who incurred the debt? Check one. | | | | |
| <input type="checkbox"/> Debtor 1 only | | | | |
| <input type="checkbox"/> Debtor 2 only | | | | |
| <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only | | | | |
| <input type="checkbox"/> At least one of the debtors and another | | | | |
| <input checked="" type="checkbox"/> Check if this claim is for a community debt | | | | |
| Is the claim subject to offset? | | | | |
| <input checked="" type="checkbox"/> No | | | | |
| <input type="checkbox"/> Yes | | | | |
| As of the date you file, the claim is: Check all that apply. | | | | |
| <input type="checkbox"/> Contingent | | | | |
| <input type="checkbox"/> Unliquidated | | | | |
| <input type="checkbox"/> Disputed | | | | |
| Type of NONPRIORITY unsecured claim: | | | | |
| <input type="checkbox"/> Student loans | | | | |
| <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | | | |
| <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u> | | | | |

| | | | | |
|--|-------------------|-----------------------------------|-------|--------------------|
| 4.18 | Sue Hueske | Last 4 digits of account number | _____ | \$21,000.00 |
| Nonpriority Creditor's Name | | When was the debt incurred? _____ | | |
| 18218 Hampton Oak Court | | | | |
| Number Street | | | | |
| Spring, TX 77379 | | | | |
| City State ZIP Code | | | | |
| Who incurred the debt? Check one. | | | | |
| <input type="checkbox"/> Debtor 1 only | | | | |
| <input type="checkbox"/> Debtor 2 only | | | | |
| <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only | | | | |
| <input type="checkbox"/> At least one of the debtors and another | | | | |
| <input checked="" type="checkbox"/> Check if this claim is for a community debt | | | | |
| Is the claim subject to offset? | | | | |
| <input checked="" type="checkbox"/> No | | | | |
| <input type="checkbox"/> Yes | | | | |
| As of the date you file, the claim is: Check all that apply. | | | | |
| <input type="checkbox"/> Contingent | | | | |
| <input type="checkbox"/> Unliquidated | | | | |
| <input type="checkbox"/> Disputed | | | | |
| Type of NONPRIORITY unsecured claim: | | | | |
| <input type="checkbox"/> Student loans | | | | |
| <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | | | |
| <input checked="" type="checkbox"/> Other. Specify _____ | | | | |

| | | | | |
|----------|------------------|-------------|---------------|------------------------------|
| Debtor 1 | Brendan | F. | Gowing | Case number (if known) _____ |
| Debtor 2 | Catherine | H. | Gowing | |
| | First Name | Middle Name | Last Name | |

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

| | | | | | | | |
|------|-------------------------|---------------------------------|----------|----------|----------|----------|-------------------|
| 4.19 | Wells Fargo Bank | Last 4 digits of account number | <u>2</u> | <u>1</u> | <u>8</u> | <u>9</u> | \$5,047.92 |
|------|-------------------------|---------------------------------|----------|----------|----------|----------|-------------------|

Nonpriority Creditor's Name

MAC F82535-02F

When was the debt incurred?

When was the debt incurred? _____

PO Box 10438

| Number | Street |
|--------|--------|
|--------|--------|

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Des Moines, IA 50306

City _____ State _____ ZIP Code _____

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

- ☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Credit Card**

Is the claim subject to offset?

☒ No☐ Yes

Debtor 1 **Brendan** **F.** **Gowing** Case number (if known) _____
Debtor 2 **Catherine** **H.** **Gowing** _____
First Name Middle Name Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

1. **ISI Commercial Refrigeration LLC** On which entry in Part 1 or Part 2 did you list the original creditor?
Name Line **4.13** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
PO Box 654020 ☒ Part 2: Creditors with Nonpriority Unsecured Claims
Number Street

Last 4 digits of account number _____

Dallas, TX 75205

City State ZIP Code

2. **Priority Services, Inc** On which entry in Part 1 or Part 2 did you list the original creditor?
Name Line **4.15** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
PO Box 8671 ☒ Part 2: Creditors with Nonpriority Unsecured Claims
Number Street

Last 4 digits of account number _____

Spring, TX 77387

City State ZIP Code

| | | | | |
|----------|------------------|-------------|---------------|------------------------------|
| Debtor 1 | Brendan | F. | Gowing | Case number (if known) _____ |
| Debtor 2 | Catherine | H. | Gowing | |
| | First Name | Middle Name | Last Name | |

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6.

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | | | |
|--------------------------|-----|---|-------|----------------|
| | | | | Total claim |
| Total claims from Part 1 | 6a. | Domestic support obligations | 6a. | \$0.00 |
| | 6b. | Taxes and certain other debts you owe the government | 6b. | \$0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. + | \$21,000.00 |
| | 6e. | Total. Add lines 6a through 6d. | 6e. | \$21,000.00 |
| | | | | Total claim |
| Total claims from Part 2 | 6f. | Student loans | 6f. | \$0.00 |
| | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. + | \$1,032,944.27 |
| | 6j. | Total. Add lines 6f through 6i. | 6j. | \$1,032,944.27 |

Fill in this information to identify your case:

| | | | |
|---|-----------------------------------|-------------|---------------|
| Debtor 1 | Brendan | F. | Gowing |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | Catherine | H. | Gowing |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | Southern District of Texas | | |
| Case number (if known) | | | |

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or company with whom you have the contract or lease | State what the contract or lease is for |
|-----|--|--|
| 2.1 | Various Client Bookings Name Number Street City State ZIP Code | Multiple future events booked with dba The Heights Villa Contract to be ASSUMED |
| 2.2 | Name Number Street City State ZIP Code | |
| 2.3 | Name Number Street City State ZIP Code | |
| 2.4 | Name Number Street City State ZIP Code | |

Fill in this information to identify your case:

| | | | |
|--|------------------|-------------|---------------|
| Debtor 1 | Brendan | F. | Gowing |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Catherine | H. | Gowing |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: Southern District of Texas | | | |
| Case number _____ (if known) | | | |

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

☒ No
☐ Yes

2. **Within the last 8 years, have you lived in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.*)

☐ No. Go to line 3.

☒ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No

☐ Yes. In which community state or territory did you live? _____. Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D*, *Schedule E/F*, or *Schedule G* to fill out Column 2.**

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name

Number Street

City State ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

3.2

Name

Number Street

City State ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

Fill in this information to identify your case:

| | | | |
|---|-----------------------------------|-------------|---------------|
| Debtor 1 | <u>Brendan</u> | <u>F.</u> | <u>Gowing</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | <u>Catherine</u> | <u>H.</u> | <u>Gowing</u> |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> | | |
| Case number (if known) | <u></u> | | |

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

How long employed there?

Debtor 1

☒ Employed ☐ Not Employed

President/Owner

dba The Heights Villa

3600 Michaux Street
Number Street

Houston, TX 77009

City State Zip Code

14 Years, 4 Months

Debtor 2 or non-filing spouse

☒ Employed ☐ Not Employed

Vice President/Owner

dba The Heights Villa

3600 Michaux Street
Number Street

Houston, TX 77009

City State Zip Code

14 Years, 4 Months

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. **List monthly gross wages, salary, and commissions** (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.

3. **Estimate and list monthly overtime pay.**

4. **Calculate gross income.** Add line 2 + line 3.

For Debtor 1

For Debtor 2 or non-filing spouse

2. \$0.00 \$0.00

3. + \$0.00 + \$0.00

4. \$0.00 \$0.00

| | | For Debtor 1 | For Debtor 2 or non-filing spouse | |
|---|-------|--------------|-----------------------------------|-------------------------|
| Copy line 4 here.....→ | 4. | \$0.00 | \$0.00 | |
| 5. List all payroll deductions: | | | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. | \$0.00 | \$0.00 | |
| 5b. Mandatory contributions for retirement plans | 5b. | \$0.00 | \$0.00 | |
| 5c. Voluntary contributions for retirement plans | 5c. | \$0.00 | \$0.00 | |
| 5d. Required repayments of retirement fund loans | 5d. | \$0.00 | \$0.00 | |
| 5e. Insurance | 5e. | \$0.00 | \$0.00 | |
| 5f. Domestic support obligations | 5f. | \$0.00 | \$0.00 | |
| 5g. Union dues | 5g. | \$0.00 | \$0.00 | |
| 5h. Other deductions. Specify: _____ | 5h. + | \$0.00 | \$0.00 | |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. | 6. | \$0.00 | \$0.00 | |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$0.00 | \$0.00 | |
| 8. List all other income regularly received: | | | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$0.00 | \$23,500.00 | |
| 8b. Interest and dividends | 8b. | \$0.00 | \$0.00 | |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$0.00 | \$0.00 | |
| 8d. Unemployment compensation | 8d. | \$0.00 | \$0.00 | |
| 8e. Social Security | 8e. | \$0.00 | \$0.00 | |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____ | 8f. | \$0.00 | \$0.00 | |
| 8g. Pension or retirement income | 8g. | \$0.00 | \$0.00 | |
| 8h. Other monthly income. Specify: _____ | 8h. + | \$0.00 | \$0.00 | |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. | \$0.00 | \$23,500.00 | |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse | 10. | \$0.00 | \$23,500.00 | = \$23,500.00 |
| 11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: _____ | 11. + | | \$0.00 | |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies | 12. | | \$23,500.00 | Combined monthly income |
| 13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____ | | | | |

8a. Attached Statement

Business Income

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

| | |
|--------------------------|---------------------------|
| 1. Gross Monthly Income: | <u>\$45,000.00</u> |
|--------------------------|---------------------------|

PART B - ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES:

| | |
|---|---------------------------|
| 2. Ordinary and necessary expense | <u>\$0.00</u> |
| 3. Net Employee Payroll (Other than debtor) | <u>\$0.00</u> |
| 4. Payroll Taxes | <u>\$0.00</u> |
| 5. Unemployment Taxes | <u>\$0.00</u> |
| 6. Worker's Compensation | <u>\$0.00</u> |
| 7. Other Taxes | <u>\$0.00</u> |
| 8. Inventory Purchases (Including raw materials) | <u>\$0.00</u> |
| 9. Purchase of Feed/Fertilizer/Seed/Spray | <u>\$0.00</u> |
| 10. Rent (Other than debtor's principal residence) | <u>\$0.00</u> |
| 11. Utilities | <u>\$0.00</u> |
| 12. Office Expenses and Supplies | <u>\$0.00</u> |
| 13. Repairs and Maintenance | <u>\$1,500.00</u> |
| 14. Vehicle Expenses | <u>\$0.00</u> |
| 15. Travel and Entertainment | <u>\$0.00</u> |
| 16. Equipment Rental and Leases | <u>\$0.00</u> |
| 17. Legal/Accounting/Other Professional Fees | <u>\$0.00</u> |
| 18. Insurance | <u>\$0.00</u> |
| 19. Employee Benefits (e.g., pension, medical, etc.) | <u>\$0.00</u> |
| 20. Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition Business Debts | |
| Mortgage on 3600 Michaux St, Houston, TX 77009 | <u>\$8,500.00</u> |
| Real Estate Taxes - Harris County | <u>\$10,000.00</u> |
| Property Insurance | <u>\$1,500.00</u> |
| TOTAL PAYMENTS TO SECURED CREDITORS | <u>\$20,000.00</u> |
| 21. Other Expenses | |
| TOTAL OTHER EXPENSES | <u>\$0.00</u> |
| 22. TOTAL MONTHLY EXPENSES(Add item 2 - 21) | <u>\$21,500.00</u> |

PART C - ESTIMATED AVERAGE NET MONTHLY INCOME:

| | |
|--|---------------------------|
| 23. AVERAGE NET MONTHLY INCOME(Subtract item 22 from item 1) | <u>\$23,500.00</u> |
|--|---------------------------|

Fill in this information to identify your case:

| | | | |
|---|-----------------------------------|-------------|---------------|
| Debtor 1 | <u>Brendan</u> | <u>F.</u> | <u>Gowing</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | <u>Catherine</u> | <u>H.</u> | <u>Gowing</u> |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> | | |
| Case number (if known) | <u></u> | | |

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

☒ No

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

☐ No. ☐ Yes.

☐ No. ☐ Yes.

☐ No. ☐ Yes.

☐ No. ☐ Yes.

☐ No. ☐ Yes.

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No

☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$3,500.00

If not included in line 4:

4a. Real estate taxes

4a. \$1,200.00

4b. Property, homeowner's, or renter's insurance

4b. \$150.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$200.00

4d. Homeowner's association or condominium dues

4d. \$0.00

Debtor 1
Debtor 2

Brendan
Catherine

F.
H.

Gowing
Gowing

First Name

Middle Name

Last Name

Case number (if known) _____

| | | Your expenses |
|---|------|---------------|
| 5. Additional mortgage payments for your residence, such as home equity loans | 5. | \$0.00 |
| 6. Utilities: | | |
| 6a. Electricity, heat, natural gas | 6a. | \$1,000.00 |
| 6b. Water, sewer, garbage collection | 6b. | \$150.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$300.00 |
| 6d. Other. Specify: _____ | 6d. | \$0.00 |
| 7. Food and housekeeping supplies | 7. | \$400.00 |
| 8. Childcare and children's education costs | 8. | \$0.00 |
| 9. Clothing, laundry, and dry cleaning | 9. | \$50.00 |
| 10. Personal care products and services | 10. | \$125.00 |
| 11. Medical and dental expenses | 11. | \$923.00 |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | \$300.00 |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$200.00 |
| 14. Charitable contributions and religious donations | 14. | \$0.00 |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | 15a. | \$70.00 |
| 15b. Health insurance | 15b. | \$0.00 |
| 15c. Vehicle insurance | 15c. | \$150.00 |
| 15d. Other insurance. Specify: _____ | 15d. | \$0.00 |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____ | 16. | \$0.00 |
| 17. Installment or lease payments: | | |
| 17a. Car payments for Vehicle 1 2021 INFINITI QX80 | 17a. | \$1,200.00 |
| 17b. Car payments for Vehicle 2 2022 Mercedes-Benz Sprinter 2500 | 17b. | \$1,100.00 |
| 17c. Other. Specify: _____ | 17c. | \$0.00 |
| 17d. Other. Specify: _____ | 17d. | \$0.00 |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$0.00 |
| 19. Other payments you make to support others who do not live with you. Specify: _____ | 19. | \$0.00 |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | | |
| 20a. Mortgages on other property | 20a. | \$0.00 |
| 20b. Real estate taxes | 20b. | \$0.00 |
| 20c. Property, homeowner's, or renter's insurance | 20c. | \$0.00 |
| 20d. Maintenance, repair, and upkeep expenses | 20d. | \$0.00 |
| 20e. Homeowner's association or condominium dues | 20e. | \$0.00 |

Debtor 1
Debtor 2

**Brendan
Catherine**

First Name

**F.
H.**

Middle Name

**Gowing
Gowing**

Last Name

Case number (if known) _____

21. **Other.** Specify: _____

21. + \$0.00

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. \$11,018.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$11,018.00

23. **Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from *Schedule I*.

23a. \$23,500.00

23b. Copy your monthly expenses from line 22c above.

23b. - \$11,018.00

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. \$12,482.00

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

None

Fill in this information to identify your case:

| | | | |
|---|-----------------------------------|-------------|---------------|
| Debtor 1 | <u>Brendan</u> | <u>F.</u> | <u>Gowing</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | <u>Catherine</u> | <u>H.</u> | <u>Gowing</u> |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> | | |
| Case number (if known) | <u></u> | | |

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets

Value of what you own

1. **Schedule A/B: Property** (Official Form 106A/B)

| | |
|---|---------------------|
| 1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> | <u>\$0.00</u> |
| 1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> | <u>\$331,472.66</u> |
| 1c. Copy line 63, Total of all property on <i>Schedule A/B</i> | <u>\$331,472.66</u> |

Part 2: Summarize Your Liabilities

Your liabilities

Amount you owe

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 106D)

| | |
|---|---------------------|
| 2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> | <u>\$267,711.51</u> |
|---|---------------------|

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 106E/F)

| | |
|--|-------------------------|
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> | <u>\$21,000.00</u> |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> | <u>+ \$1,032,944.27</u> |

Your total liabilities

\$1,321,655.78

Part 3: Summarize Your Income and Expenses

4. **Schedule I: Your Income** (Official Form 106I)

| | |
|---|--------------------|
| Copy your combined monthly income from line 12 of <i>Schedule I</i> | <u>\$23,500.00</u> |
|---|--------------------|

5. **Schedule J: Your Expenses** (Official Form 106J)

| | |
|---|--------------------|
| Copy your monthly expenses from line 22c of <i>Schedule J</i> | <u>\$11,018.00</u> |
|---|--------------------|

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

☒ Yes

7. What kind of debt do you have?

☐ Your debts are primarily consumer debts. Consumer debts are those “incurred by an individual primarily for a personal, family, or household purpose.” 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

☒ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim |
|--|--------------------------|
| From Part 4 on Schedule E/F, copy the following: | |
| 9a. Domestic support obligations (Copy line 6a.) | <div></div> |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | <div></div> |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | <div></div> |
| 9d. Student loans. (Copy line 6f.) | <div></div> |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | <div></div> |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | <div>+ <div></div></div> |
| 9g. Total. Add lines 9a through 9f. | <div><div></div></div> |

Fill in this information to identify your case:

Debtor 1 **Brendan** **F.** **Gowing**
First Name Middle Name Last Name

Debtor 2 **Catherine** **H.** **Gowing**
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **Southern District of Texas**

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

- ☒ No
- ☐ Yes. Name of person _____ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)*.

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Brendan F. Gowing
Brendan F. Gowing, Debtor 1

X /s/ Catherine H. Gowing
Catherine H. Gowing, Debtor 2

Date 06/04/2024
MM/ DD/ YYYY

Date 06/04/2024
MM/ DD/ YYYY

Fill in this information to identify your case:

| | | | |
|---|-----------------------------------|-------------|---------------|
| Debtor 1 | <u>Brendan</u> | <u>F.</u> | <u>Gowing</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | <u>Catherine</u> | <u>H.</u> | <u>Gowing</u> |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> | | |
| Case number (if known) | <u></u> | | |

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
- ☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
- ☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

| Debtor 1: | Dates Debtor 1 lived there | Debtor 2: | Dates Debtor 2 lived there |
|--|------------------------------------|--|------------------------------------|
| <div><input type="checkbox"/> Same as Debtor 1</div> <div>_____ Number Street</div> <div>_____ City State ZIP Code</div> | <div>From _____ To _____</div> | <div><input type="checkbox"/> Same as Debtor 1</div> <div>_____ Number Street</div> <div>_____ City State ZIP Code</div> | <div>From _____ To _____</div> |
| <div><input type="checkbox"/> Same as Debtor 1</div> <div>_____ Number Street</div> <div>_____ City State ZIP Code</div> | <div>From _____ To _____</div> | <div><input type="checkbox"/> Same as Debtor 1</div> <div>_____ Number Street</div> <div>_____ City State ZIP Code</div> | <div>From _____ To _____</div> |

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☐ No
- ☒ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

Debtor 1
Debtor 2

| | | |
|------------------|-------------|---------------|
| Brendan | F. | Gowing |
| Catherine | H. | Gowing |
| First Name | Middle Name | Last Name |

Case number (if known) _____

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☐ No

☒ Yes. Fill in the details.

| | Debtor 1 | | Debtor 2 |
|--|--|--|---|
| | Sources of income Check all that apply. | Gross Income (before deductions and exclusions) | Sources of income Check all that apply. Gross Income (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business |
| For last calendar year: (January 1 to December 31, <u>2023</u>) YYYY | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | <u>\$907,167.00</u> | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business |
| For the calendar year before that: (January 1 to December 31, <u>2022</u>) YYYY | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | <u>\$830,116.00</u> | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business |

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

☒ No

☐ Yes. Fill in the details.

| | Debtor 1 | | Debtor 2 |
|--|--------------------------------------|---|---|
| | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. Gross Income from each source (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | _____ | _____ | _____ |
| For last calendar year: (January 1 to December 31, <u>2023</u>) YYYY | _____ | _____ | _____ |
| For the calendar year before that: (January 1 to December 31, <u>2022</u>) YYYY | _____ | _____ | _____ |

Debtor 1
Debtor 2

| | | |
|------------------|-------------|---------------|
| Brendan | F. | Gowing |
| Catherine | H. | Gowing |
| First Name | Middle Name | Last Name |

Case number (if known) _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☒ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more?

☐ No. Go to line 7.

- ☒ Yes. List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

- ☐ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☐ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

| | Dates of payment | Total amount paid | Amount you still owe | Was this payment for... |
|---|---|-------------------|----------------------|--|
| Honeybook Creditor's Name 539 Bryant Street Suite 200 Number Street San Francisco, CA 94107 City State ZIP Code | January 1, 2024 through March 31, 2024 | \$0.00 | \$26,164.61 | <input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____ |

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No

- ☐ Yes. List all payments to an insider.

| | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|--|------------------|-------------------|----------------------|-------------------------|
| Insider's Name Number Street City State ZIP Code | | | | |

Debtor 1
Debtor 2

Brendan
Catherine

F.
H.

Gowing
Gowing

Case number (if known) _____

First Name
 Middle Name
 Last Name

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?
 Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
- ☐ Yes. List all payments that benefited an insider.

| | | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
|----------------|--------|------------------|-------------------|----------------------|--|
| Insider's Name | | | | | |
| Number | Street | | | | |
| | | | | | |
| City | State | ZIP Code | | | |

Part 4:

Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?
 List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☒ No
- ☐ Yes. Fill in the details.

| | Nature of the case | Court or agency | Status of the case |
|---------------------------|--------------------|--|------------------------------------|
| Case title _____ _____ | | _____ | <input type="checkbox"/> Pending |
| | | Court Name _____ | <input type="checkbox"/> On appeal |
| Case number _____ | | Number Street _____ | <input type="checkbox"/> Concluded |
| | | City State ZIP Code _____ | |

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
 Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
- ☐ Yes. Fill in the information below.

| | | | | |
|----------|------------------|-------------|---------------|------------------------------|
| Debtor 1 | Brendan | F. | Gowing | Case number (if known) _____ |
| Debtor 2 | Catherine | H. | Gowing | |
| | First Name | Middle Name | Last Name | |

| Describe the property | Date | Value of the property |
|--|------|-----------------------|
| <div>Creditor's Name</div> <div>Number Street</div> <div>City State ZIP Code</div> | | |

Explain what happened

☐ Property was repossessed.

☐ Property was foreclosed.

☐ Property was garnished.

☐ Property was attached, seized, or levied.

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
- ☐ Yes. Fill in the details.

| Describe the action the creditor took | Date action was taken | Amount |
|--|-----------------------|--------|
| <div>Creditor's Name</div> <div>Number Street</div> <div>City State ZIP Code</div> | | |

Last 4 digits of account number: XXXX- _ _ _ _

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
- ☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
- ☐ Yes. Fill in the details for each gift.

Debtor 1 **Brendan** **F.** **Gowing**
Debtor 2 **Catherine** **H.** **Gowing**

First Name Middle Name Last Name

Case number (if known) _____

| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
|--|--------------------|--------------------------|-------|
| Person to Whom You Gave the Gift | | | |
| | | | |
| Number Street | | | |
| City State ZIP Code | | | |
| Person's relationship to you _____ | | | |

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?



No

☐ Yes. Fill in the details for each gift or contribution.

| Gifts or contributions to charities that total more than \$600 | Describe what you contributed | Date you contributed | Value |
|--|-------------------------------|----------------------|-------|
| Charity's Name | | | |
| | | | |
| Number Street | | | |
| City State ZIP Code | | | |

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?



No

☐ Yes. Fill in the details.

| Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> . | Date of your loss | Value of property lost |
|--|---|-------------------|------------------------|
| | | | |

Debtor 1 **Brendan F. Gowing**
Debtor 2 **Catherine H. Gowing**

First Name Middle Name Last Name

Case number (if known) _____

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No

☒ Yes. Fill in the details.

The Lane Law Firm

Person Who Was Paid

6200 Savoy Dr Ste 1150

Number Street

Houston, TX 77036-3369

City State ZIP Code

billing@lanelaw.com

Email or website address

Person Who Made the Payment, if Not You

Margaret M. McClure

Person Who Was Paid

25420 Kuykendahl Road Suite

B300-1043

Number Street

Tomball, TX 77375

City State ZIP Code

Email or website address

Brendan Gowing

Person Who Made the Payment, if Not You

| Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|---|-----------------------------------|-------------------|
| Attorney's Fee | 03/18/2024 | \$11,000.00 |

| Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|---|-----------------------------------|-------------------|
| Previous Debtors Attorney's Fee | 12/30/2023 | \$25,000.00 |

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

☒ No

☐ Yes. Fill in the details.

| Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|---|-----------------------------------|-------------------|
| Person Who Was Paid | | |
| Number Street | | |
| City State ZIP Code | | |

Debtor 1
Debtor 2

| | | |
|------------------|-------------|---------------|
| Brendan | F. | Gowing |
| Catherine | H. | Gowing |
| First Name | Middle Name | Last Name |

Case number (if known) _____

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

☒ No

☐ Yes. Fill in the details.

| | Description and value of property transferred | Describe any property or payments received or debts paid in exchange | Date transfer was made |
|------------------------------------|---|--|------------------------|
| Person Who Received Transfer | | | |
| Number Street | | | |
| | | | |
| City State ZIP Code | | | |
| Person's relationship to you _____ | | | |

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

☒ No

☐ Yes. Fill in the details.

| | Description and value of the property transferred | Date transfer was made |
|---------------------|---|------------------------|
| Name of trust _____ | | |
| _____ | | |

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

☒ No

☐ Yes. Fill in the details.

| | | | | | |
|----------|------------------|-------------|---------------|------------------------------|--|
| Debtor 1 | Brendan | F. | Gowing | | |
| Debtor 2 | Catherine | H. | Gowing | | |
| | First Name | Middle Name | Last Name | Case number (if known) _____ | |

| | | | | | |
|---|--|--|---|---|--|
| Name of Financial Institution _____ _____ Number Street _____ _____ City State ZIP Code | | Last 4 digits of account number XXXX- ____ ____ ____ ____ | Type of account or instrument <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____ | Date account was closed, sold, moved, or transferred _____ | Last balance before closing or transfer _____ |
|---|--|--|---|---|--|

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
- ☐ Yes. Fill in the details.

| Who else had access to it? | | Describe the contents | Do you still have it? |
|---|--|---|---|
| Name of Financial Institution _____ _____ Number Street _____ _____ City State ZIP Code | | <div style="border: 1px solid black; height: 100px;"></div> | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Name _____ _____ Number Street _____ _____ City State ZIP Code | | | |

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No
- ☐ Yes. Fill in the details.

| Who else has or had access to it? | | Describe the contents | Do you still have it? |
|--|--|---|---|
| Name of Storage Facility _____ _____ Number Street _____ _____ City State ZIP Code | | <div style="border: 1px solid black; height: 100px;"></div> | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Name _____ _____ Number Street _____ _____ City State ZIP Code | | | |

Debtor 1 **Brendan** **F.** **Gowing**
Debtor 2 **Catherine** **H.** **Gowing**

First Name Middle Name Last Name

Case number (if known) _____

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☐ No

☒ Yes. Fill in the details.

| Where is the property? | | Describe the property | Value |
|-------------------------------------|--|--|-------------------|
| Liam Gowing - Lives in China | | Baby Grand Piano helf for brother | \$1,000.00 |
| Owner's Name | | | |
| 17912 Country Walk Drive | | | |
| Number Street | | | |
| Spring, TX 77379 | | | |
| City State ZIP Code | | | |
| City State ZIP Code | | | |

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

☒ No

☐ Yes. Fill in the details.

| Governmental unit | | Environmental law, if you know it | Date of notice |
|----------------------------|--|-----------------------------------|----------------|
| Name of site | | | |
| Governmental unit | | | |
| Number Street | | | |
| City State ZIP Code | | | |
| City State ZIP Code | | | |

25. Have you notified any governmental unit of any release of hazardous material?

☒ No

☐ Yes. Fill in the details.

| | | | | |
|----------|------------------|-------------|---------------|------------------------------|
| Debtor 1 | Brendan | F. | Gowing | Case number (if known) _____ |
| Debtor 2 | Catherine | H. | Gowing | |
| | First Name | Middle Name | Last Name | |

| | | | | |
|--------------------|--------------|--------------------------|--|-----------------------|
| | | Governmental unit | Environmental law, if you know it | Date of notice |
| Name of site _____ | | Governmental unit _____ | | _____ |
| Number _____ | Street _____ | Number _____ | | Street _____ |
| City _____ | | State _____ | | ZIP Code _____ |
| City _____ | State _____ | ZIP Code _____ | | |

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
- ☐ Yes. Fill in the details.

| | | | | |
|---------------------------|------------|------------------------|---------------------------|--|
| | | Court or agency | Nature of the case | Status of the case |
| Case title _____ | | Court Name _____ | | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| _____ | | | | |
| Number _____ Street _____ | | | | |
| Case number _____ | City _____ | State _____ | ZIP Code _____ | |

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☒ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☒ An officer, director, or managing executive of a corporation
- ☒ An owner of at least 5% of the voting or equity securities of a corporation
- ☐ No. None of the above applies. Go to Part 12.
- ☒ Yes. Check all that apply above and fill in the details below for each business.

| | | |
|--|---|---|
| Brendan Gowing, Inc. Name _____ 3600 MICHAUX Number _____ Street _____ Houston, TX 77009 City _____ State _____ ZIP Code _____ | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
| | Wedding Venue _____ Name of accountant or bookkeeper _____ Dates business existed From _____ To _____ | EIN: <u>0</u> <u>2</u> - <u>0</u> <u>7</u> <u>5</u> <u>4</u> <u>9</u> <u>9</u> <u>9</u> |

| | | | | |
|----------|------------------|-------------|---------------|------------------------------|
| Debtor 1 | Brendan | F. | Gowing | Case number (if known) _____ |
| Debtor 2 | Catherine | H. | Gowing | |
| | First Name | Middle Name | Last Name | |

| | | |
|--|---|---|
| Brendan Gowing, Inc. Name 3600 MICHAUX Number Street Houston, TX 77009 City State ZIP Code | Describe the nature of the business Wedding Venue | Employer Identification number Do not include Social Security number or ITIN. EIN: <u>0</u> <u>2</u> - <u>0</u> <u>7</u> <u>5</u> <u>4</u> <u>9</u> <u>9</u> <u>9</u> |
| | Name of accountant or bookkeeper | Dates business existed From _____ To _____ |

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No
- ☐ Yes. Fill in the details below.

Date issued

| | |
|---------------------|----------------|
| _____ | _____ |
| Name | MM / DD / YYYY |
| _____ | |
| Number Street | |
| _____ | |
| _____ | |
| City State ZIP Code | |

| | | | | |
|----------|------------------|-------------|---------------|------------------------------|
| Debtor 1 | Brendan | F. | Gowing | Case number (if known) _____ |
| Debtor 2 | Catherine | H. | Gowing | |
| | First Name | Middle Name | Last Name | |

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Brendan F. Gowing
Signature of Brendan F. Gowing, Debtor 1

X /s/ Catherine H. Gowing
Signature of Catherine H. Gowing, Debtor 2

Date 06/04/2024

Date 06/04/2024

Did you attach additional pages to your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

United States Bankruptcy Court
Southern District of Texas

In re Gowing, Brendan F.

Gowing, Catherine H.

Case No. _____

Debtor

Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept **\$11,000.00**

Prior to the filing of this statement I have received **\$11,000.00**

Balance Due **\$0.00**

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

06/04/2024

Date

/s/ Robert C Lane

Robert C Lane

Signature of Attorney

Bar Number: 24046263

The Lane Law Firm

6200 Savoy Dr Ste 1150

Houston, TX 77036-3369

Phone: (713) 595-8200

Fax: (713) 595-8201

The Lane Law Firm

Name of law firm

Fill in this information to identify your case:

| | | | |
|---|-----------------------------------|-------------|---------------|
| Debtor 1 | Brendan | F. | Gowing |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | Catherine | H. | Gowing |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | Southern District of Texas | | |
| Case number (if known) | | | |

☐ Check if this is an amended filing

Official Form 122B

Chapter 11 Statement of Your Current Monthly Income

12/21

You must file this form if you are an individual and are filing for bankruptcy under Chapter 11 (other than Subchapter V). If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Current Monthly Income

1. **What is your marital and filing status?** Check one only.

- ☐ **Not married.** Fill out Column A, lines 2-11.
- ☒ **Married.** Fill out both Columns A and B, lines 2-11.
- ☐ **Married and your spouse is NOT filing with you.** Fill out Column A, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case.¹¹ U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse |
|---|----------------------|--|
| 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). | <u>\$0.00</u> | <u>\$0.00</u> |
| 3. Alimony and maintenance payments. Do not include payments from a spouse. | <u>\$0.00</u> | <u>\$0.00</u> |
| 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3. | <u>\$0.00</u> | <u>\$0.00</u> |
| 5. Net income from operating a business, profession, or farm | | |
| | Debtor 1 | Debtor 2 |
| Gross receipts (before all deductions) | <u>\$0.00</u> | <u>\$7,500.00</u> |
| Ordinary and necessary operating expenses | - <u>\$0.00</u> | - <u>\$3,583.33</u> |
| Net monthly income from a business, profession, or farm | <u>\$0.00</u> | <u>\$3,916.67</u> |
| | Copy here → | <u>\$0.00</u> |
| 6. Net income from rental and other real property | | |
| | Debtor 1 | Debtor 2 |
| Gross receipts (before all deductions) | <u>\$0.00</u> | <u>\$0.00</u> |
| Ordinary and necessary operating expenses | - <u>\$0.00</u> | - <u>\$0.00</u> |
| Net monthly income from rental or other real property | <u>\$0.00</u> | <u>\$0.00</u> |
| | Copy here → | <u>\$0.00</u> |

| | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse |
|---|----------------------|--|
| 7. Interest, dividends, and royalties | \$0.00 | \$0.00 |
| 8. Unemployment compensation | \$0.00 | \$0.00 |
| Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: <div>↓</div> | | |
| For you..... | \$0.00 | |
| For your spouse..... | \$0.00 | |
| 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. | \$0.00 | \$0.00 |
| 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. If necessary, list other sources on a separate page and put the total below. <div></div> <div></div> | | |
| Total amounts from separate pages, if any. | + \$0.00 | + \$3,916.67 |
| 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. | \$0.00 | \$3,916.67 |
| | | = \$0.00 |
| | | Total average monthly income |

Part 2: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X

/s/ Brendan F. Gowing

Signature of Debtor 1

Date 06/04/2024

MM/ DD/ YYYY

X

/s/ Catherine H. Gowing

Signature of Debtor 2

Date 06/04/2024

MM/ DD/ YYYY

IN THE UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

IN RE: **Gowing, Brendan F.**
Gowing, Catherine H.

CASE NO

CHAPTER 11

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date **06/04/2024**

Signature **/s/ Brendan F. Gowing**
Brendan F. Gowing, Debtor

Date **06/04/2024**

Signature **/s/ Catherine H. Gowing**
Catherine H. Gowing, Joint Debtor

ALLY BANK

C/O AIS PORTFOLIO SERVICES LLC
4515 N SANTA FE AVE DEPT APS
OKLAHOMA CITY, OK 73118

AMERICREDIT

BANKRUPTCY DEPT.
PO BOX 183853
ARLINGTON, TX 76096

BANK OF AMERICA

4161 PIEDMONT PARKWAY
ATTN: BANKRUPTCY DEPT.
GREENSBORO, NC 27420-6012

BHB FUNDING

5550 GLADES ROAD
BOCA RATON, FL 33431

BRODY GOWING

17912 COUNTRY WALK DRIVE
17912 COUNTRY WALK DRIVE
SPRING, TX 77379

CAPITAL ONE

BANKRUPTCY DEPT
PO BOX 30285
SALT LAKE CITY, UT 84130-0289

CONN'S

PO BOX 2358
BEAUMONT, TX 77704-9990

CREDIT ONE BANK

PO BOX 98873
LAS VEGAS, NV 89193

CREDIT ONE BANK - AMEX
PO BOX 98873
LAS VEGAS, NV 89193

CREDIT ONE BANK - VISA
PO BOX 98873
LAS VEGAS, NV 89193

GM FINANCIAL
4001 EMBARCADERO DRIVE
ARLINGTON, TX 76014

BRENDAN F. GOWING
17912 COUNTRY WALK DRIVE
SPRING, TX 77379

HONEBROOK
539 BRYAN STREET, SUITE 200
SAN FRANCISCO, CA 94107

INTERNAL REVENUE SERVICE
P.O. BOX 7346
PHILADELPHIA, PA 19101-7346

ISI COMMERCIAL
REFRIGERATION LLC
PO BOX 167
HOUSTON, TX 77001

ISI COMMERCIAL
REFRIGERATION LLC
PO BOX 654020
DALLAS, TX 75205

MERCEDES-BENZ FINANCIAL
SERVICES USA LLC
PO BOX 5260
CAROL STREAM, IL 60197

ONDECK CAPITAL
4700 W. DAYBREAK PWY SUITE 200
SOUTH JORDAN, UT 84009

PRIORITY SERVICES, INC
PO BOX 8671
SPRING, TX 77387

PRIORITY SERVICES, INC.
C/O STILLWELL EARL APOSTOLAKIS
1400 WOODLOCH FOREST DRIVE SUTIE
590
SPRING, TX 77380

RUTH COLLINS
C/O WILLIAM J. RICE, JR.
2040 NORTH LOOP WEST SUITE B
HOUSTON, TX 77018

SPIRIT AIRLINES CREDIT
PO BOX 84064
COLUMBUS, GA 31908

SUE HUESKE
18218 HAMPTON OAK COURT
SPRING, TX 77379

THE LANE LAW FIRM
6200 SAVOY DR STE 1150
HOUSTON, TX 77036-3369

U.S. SMALL BUSINESS
ADMINISTRATION (SBA) -
ALL DIVISIONS

LITTLE ROCK COMMERCIAL LOAN
SERVICING CENTER
2120 RIVERFRONT DRIVE 100
LITTLE ROCK, AR 72202

VARIOUS CLIENT BOOKINGS

WELLS FARGO BANK

MAC F82535-02F
PO BOX 10438
DES MOINES, IA 50306

Fill in this information to identify your case:

| | | | |
|--|------------------|-------------|---------------|
| Debtor 1 | Brendan | F. | Gowing |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | Catherine | H. | Gowing |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: Southern District of Texas | | | |
| Case number (if known) | | | |

☐ Check if this is an amended filing

Official Form 104

For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims Against You and Are Not Insiders

12/15

If you are an individual filing for bankruptcy under Chapter 11, you must fill out this form. If you are filing under Chapter 7, Chapter 12, or Chapter 13, do not fill out this form. Do not include claims by anyone who is an *insider*. Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20 percent or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Also, do not include claims by secured creditors unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

Part 1: List the 20 Unsecured Claims in Order from Largest to Smallest. Do Not Include Claims by Insiders.

| | | Unsecured claim |
|----------|--|---|
| 1 | Priority Services, Inc. Creditor's Name c/o Stillwell Earl Apostolakis 1400 Woodloch Forest Drive Sutie 590 Number Street Spring, TX 77380 City State ZIP Code Contact Contact phone | What is the nature of the claim? As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): Value of security: Unsecured |
| | | \$706,400.68 |
| 2 | OnDeck Capital Creditor's Name 4700 W. Daybreak Pwy Suite 200 Number Street South Jordan, UT 84009 City State ZIP Code Contact Contact phone | What is the nature of the claim? Merchant Cash Advance As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): Value of security: Unsecured |
| | | \$150,000.00 |

| | | | | |
|----------|------------------|-------------|---------------|------------------------------|
| Debtor 1 | Brendan | F. | Gowing | Case number (if known) _____ |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Catherine | H. | Gowing | |
| | First Name | Middle Name | Last Name | |

| | | | Unsecured claim | | |
|-------------------------------|---|--|---|------------------------------|--------------------|
| 3 | U.S. Small Business Administration (SBA) - All Divisions | What is the nature of the claim? | \$150,000.00 | | |
| | Creditor's Name | As of the date you file, the claim is: Check all that apply. | | | |
| | Little Rock Commercial Loan Servicing Center | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply | | | |
| | 2120 Riverfront Drive 100 | Does the creditor have a lien on your property? | | | |
| | Number Street | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Total claim (secured and unsecured): \$150,000.00 | | | |
| | Little Rock, AR 72202 | Value of security: \$0.00 | | | |
| | City State ZIP Code | Unsecured \$150,000.00 | | | |
| | Contact | | | | |
| | Contact phone | | | | |
| | 4 | Mercedes-Benz Financial Services USA LLC | What is the nature of the claim? | \$2,309.93 | |
| Creditor's Name | | As of the date you file, the claim is: Check all that apply. | | | |
| PO Box 5260 | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply | | | |
| Number Street | | Does the creditor have a lien on your property? | | | |
| Carol Stream, IL 60197 | | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Total claim (secured and unsecured): \$64,059.93 | | | |
| City State ZIP Code | | Value of security: \$61,750.00 | | | |
| Contact | | Unsecured \$2,309.93 | | | |
| Contact phone | | | | | |
| 5 | | BHB Funding | What is the nature of the claim? | Merchant Cash Advance | \$42,997.48 |
| | | Creditor's Name | As of the date you file, the claim is: Check all that apply. | | |
| | 5550 Glades Road | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply | | | |
| | Number Street | Does the creditor have a lien on your property? | | | |
| | Boca Raton, FL 33431 | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ | | | |
| | City State ZIP Code | Value of security: _____ | | | |
| | Contact | Unsecured _____ | | | |
| | Contact phone | | | | |

Debtor 1 **Brendan F. Gowing** Case number (if known) _____
 First Name Middle Name Last Name
 Debtor 2 **Catherine H. Gowing**
 First Name Middle Name Last Name

Unsecured claim

| | | | |
|----------|---|--|--------------------|
| 6 | Ally Bank Creditor's Name c/o AIS Portfolio Services LLC 4515 N Santa Fe Ave Dept APS Number Street Oklahoma City, OK 73118 City State ZIP Code Contact Contact phone | What is the nature of the claim? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Total claim (secured and unsecured): \$40,367.25 Value of security: \$36,250.00 Unsecured \$4,117.25 | \$4,117.25 |
| 7 | Honebrook Creditor's Name 539 Bryan Street, Suite 200 Number Street San Francisco, CA 94107 City State ZIP Code Contact Contact phone | What is the nature of the claim? Business Credit Card As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ Unsecured _____ | \$26,164.61 |
| 8 | Brody Gowing Creditor's Name 17912 Country Walk Drive 17912 Country Walk Drive Number Street Spring, TX 77379 City State ZIP Code Contact Contact phone | What is the nature of the claim? Administrative Priority As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Total claim (secured and unsecured): \$21,000.00 Value of security: \$0.00 Unsecured \$21,000.00 | \$21,000.00 |
| 9 | Sue Hueske Creditor's Name 18218 Hampton Oak Court Number Street Spring, TX 77379 City State ZIP Code Contact Contact phone | What is the nature of the claim? Other As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ Unsecured _____ | \$21,000.00 |

| | | | | |
|----------|------------------|-------------|---------------|------------------------------|
| Debtor 1 | Brendan | F. | Gowing | Case number (if known) _____ |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Catherine | H. | Gowing | |
| | First Name | Middle Name | Last Name | |

| | | | Unsecured claim | |
|-----------|--|---|--------------------|--|
| 10 | AmeriCredit Creditor's Name Bankruptcy Dept. PO Box 183853 Number Street Arlington, TX 76096 City State ZIP Code _____ Contact _____ Contact phone | What is the nature of the claim? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ Unsecured _____ | \$20,345.46 | |
| 11 | GM Financial Creditor's Name 4001 Embarcadero Drive Number Street _____ Arlington, TX 76014 City State ZIP Code _____ Contact _____ Contact phone | What is the nature of the claim? Personal Loan As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ Unsecured _____ | \$20,135.75 | |
| 12 | Brody Gowing Creditor's Name 17912 Country Walk Drive 17912 Country Walk Drive Number Street Spring, TX 77379 City State ZIP Code _____ Contact _____ Contact phone | What is the nature of the claim? Personal Loan As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ Unsecured _____ | \$15,000.00 | |
| 13 | Conn's Creditor's Name PO Box 2358 Number Street _____ Beaumont, TX 77704-9990 City State ZIP Code _____ Contact _____ Contact phone | What is the nature of the claim? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Total claim (secured and unsecured): \$9,097.93 Value of security: \$0.00 Unsecured \$9,097.93 | \$9,097.93 | |

| | | | | |
|----------|------------------|-------------|---------------|------------------------------|
| Debtor 1 | Brendan | F. | Gowing | Case number (if known) _____ |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Catherine | H. | Gowing | |
| | First Name | Middle Name | Last Name | |

| | | | | Unsecured claim |
|-----------|--|--|-------------------|-----------------|
| 14 | Ruth Collins <hr/> Creditor's Name c/o William J. Rice, Jr. <hr/> 2040 North Loop West Suite B <hr/> Number Street Houston, TX 77018 <hr/> City State ZIP Code Contact <hr/> Contact phone <hr/> | What is the nature of the claim? <u>Judgment from Lawsuit</u> <hr/> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ <div style="margin-left: 100px;">Value of security: _____</div> <div style="margin-left: 100px;">Unsecured _____</div> | \$7,500.00 | |
| 15 | Wells Fargo Bank <hr/> Creditor's Name MAC F82535-02F <hr/> PO Box 10438 <hr/> Number Street DesMoines, IA 50306 <hr/> City State ZIP Code Contact <hr/> Contact phone <hr/> | What is the nature of the claim? <u>Credit Card</u> <hr/> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ <div style="margin-left: 100px;">Value of security: _____</div> <div style="margin-left: 100px;">Unsecured _____</div> | \$5,047.92 | |
| 16 | ISI Commercial Refrigeration LLC <hr/> Creditor's Name PO Box 167 <hr/> Number Street <hr/> Houston, TX 77001 <hr/> City State ZIP Code Contact <hr/> Contact phone <hr/> | What is the nature of the claim? <u>Business Expense</u> <hr/> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ <div style="margin-left: 100px;">Value of security: _____</div> <div style="margin-left: 100px;">Unsecured _____</div> | \$5,000.00 | |
| 17 | Spirit Airlines Credit <hr/> Creditor's Name PO Box 84064 <hr/> Number Street <hr/> Columbus, GA 31908 <hr/> City State ZIP Code Contact <hr/> Contact phone <hr/> | What is the nature of the claim? <u>Credit Card</u> <hr/> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ <div style="margin-left: 100px;">Value of security: _____</div> <div style="margin-left: 100px;">Unsecured _____</div> | \$4,233.36 | |

Debtor 1 **Brendan F. Gowing** Case number (if known) _____
First Name Middle Name Last Name
Debtor 2 **Catherine H. Gowing**
First Name Middle Name Last Name

Unsecured claim

| | | | |
|----|--|---|-------------------|
| 18 | Conn's Creditor's Name PO Box 2358 Number Street Beaumont, TX 77704-9990 City State ZIP Code Contact Contact phone | What is the nature of the claim? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Total claim (secured and unsecured): \$4,186.40 Value of security: \$0.00 Unsecured \$4,186.40 | \$4,186.40 |
| 19 | Capital One Creditor's Name Bankruptcy Dept PO Box 30285 Number Street Salt Lake City, UT 84130-0289 City State ZIP Code Contact Contact phone | What is the nature of the claim? Credit Card As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ Unsecured _____ | \$3,272.49 |
| 20 | Credit One Bank - Visa Creditor's Name PO Box 98873 Number Street Las Vegas, NV 89193 City State ZIP Code Contact Contact phone | What is the nature of the claim? Credit Card As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ Unsecured _____ | \$2,343.33 |

Part 2: Sign Below

Under penalty of perjury, I declare that the information provided in this form is true and correct.

X /s/ Brendan F. Gowing
Signature of Debtor 1

Date 06/04/2024
MM / DD / YYYY

X /s/ Catherine H. Gowing
Signature of Debtor 2

Date 06/04/2024
MM / DD / YYYY

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 — Liquidation
- Chapter 11— Reorganization
- Chapter 12— Voluntary repayment plan for family farmers or fishermen
- Chapter 13— Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

| | | |
|---|-------------|--------------------------|
| | \$245 | filing fee |
| | \$78 | administrative fee |
| + | \$15 | trustee surcharge |
| | \$338 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- most domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

| | | |
|---|--------------|---------------------------|
| | \$1,167 | filing fee |
| + | \$571 | administrative fee |
| | \$1,738 | total fee |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | | |
|---|-------------|---------------------------|
| | \$200 | filing fee |
| + | \$78 | administrative fee |
| | \$278 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | | |
|---|-------------|---------------------------|
| | \$235 | filing fee |
| + | \$78 | administrative fee |
| | \$313 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to:
<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.